EXHIBIT 23
DATE 1-31-07
HB 2

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

ADDICTIVE & MENTAL DISORDERS DIVISION

replaces original template

CONTACTS

The contacts for information regarding the Addictive and Mental Disorders Division are:

Title	Name	Phone Number	E-mail address
Division Administrator	Joyce De Cunzo	444-3969	jdecunzo@mt.gov
Deputy Administrator	Bob Mullen	444-3518	bmullen@mt.gov
Chief Financial Officer	Bob Mullen (acting)	444-3518	bmullen@mt.gov

WHAT THE PROGRAM DOES

The **Addictive and Mental Disorders Division** provides chemical dependency and mental health services by contracting with behavioral health providers through Montana. The chemical dependency program provides services to Medicaid eligible individuals and non-Medicaid services up to 200% of the federal poverty level (FPL). The mental health program provides services to Medicaid eligible individuals and non-Medicaid services to individuals up to 150% of FPL. It also provides services through three inpatient facilities: the Montana State Hospital in Warm Springs, Montana Chemical Dependency Center in Butte, and Montana Mental Health Nursing Care Center in Lewistown.

STATUTORY AUTHORITY

Statutory authority for the division is provided in Title 53, Chapter 21, parts 1 through 7 and part 10, MCA and PL 102-321, CFR for mental health and Title 53, Chapters 1 and 24 and Title XIX of the Social Security Act.

HOW SERVICES ARE PROVIDED

The division is organized into three bureaus and three institutions with responsibility to serve Montanans with chemical dependency and mental health issues.

- The **Chemical Dependency Bureau** assesses the need for chemical dependency treatment and prevention services throughout Montana. Services are available in all 56 counties through contracts with 18 state-approved programs. The bureau also organizes and funds activities designed to prevent the use of alcohol, tobacco, and other drugs by youth and the abuse of those substances by adults. People with substance abuse disorders who have family incomes below 200% of the federal poverty level are eligible for public funding of treatment services. In addition, the Medicaid program funds outpatient and residential chemical dependency treatment services for adolescents and outpatient services for adults who are Medicaid eligible.

- The **Mental Health Services Bureau** is responsible for the development, implementation, operation, oversight, evaluation, and modification of the state's system for delivering and reimbursing publicly funded adult mental health services. The bureau develops, maintains, and revises administrative rules, policies, procedures, and systems necessary to ensure the availability and efficient delivery of appropriate and effective services. The bureau also provides extensive monitoring and oversight of program implementation and operation as well as analysis and reporting of program operations, costs, and outcomes.

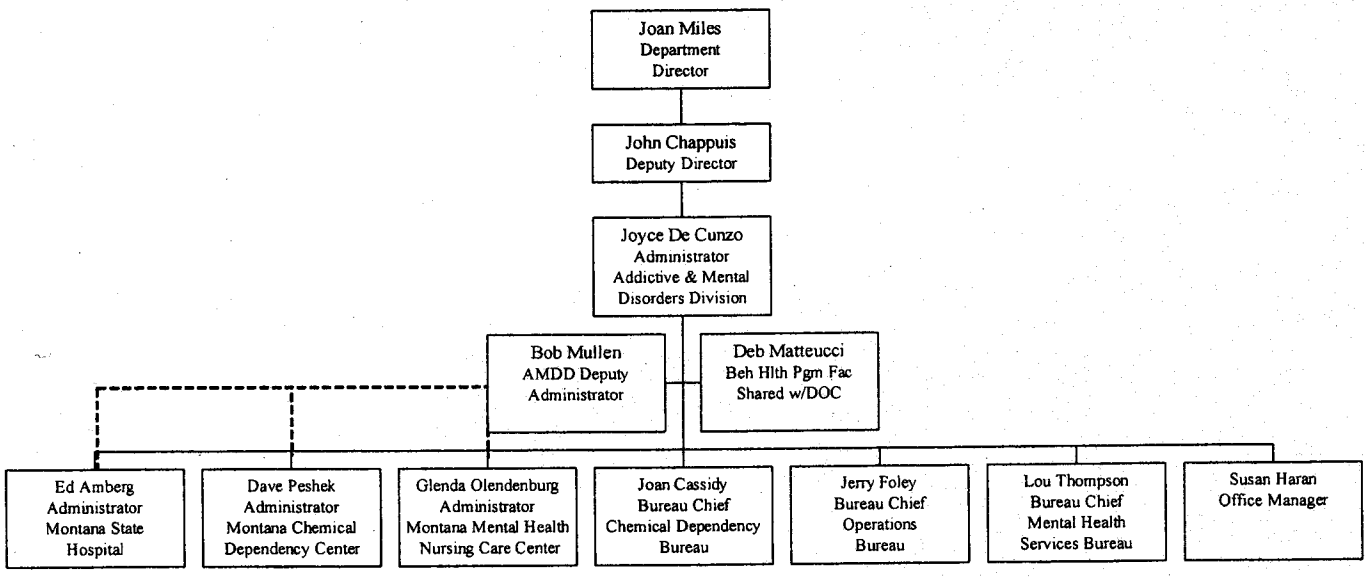
- The **Montana Chemical Dependency Center** (MCDC) located at Butte is the only publicly funded inpatient addictions treatment facility in the state. The MCDC provides treatment to persons that require treatment for alcohol and drug addictions and provides treatment for co-occurring addictions and psychiatric disorders. The facility is licensed as a health care facility and a chemical dependency treatment facility.

- The **Montana Mental Health Nursing Care Center** (MMHNCC) located at Lewistown is the only state-operated nursing care facility for individuals with mental disorders. The MMHNCC provides long-term care and treatment to persons that require a level of care not available in communities or will not benefit from intensive psychiatric treatment available at other settings, including the Montana State Hospital.

- The **Montana State Hospital** (MSH) located at Warm Springs is the only state-operated inpatient psychiatric hospital. The MSH provides treatment services to people admitted under civil procedures and criminal procedures. State law limits services to adults, eighteen (18) years of age or older. Voluntary admission procedures are allowed in accordance with procedures set forth in statute and administrative rules.

- The **Helena Central Office** includes the operations bureau and the staff to support the operation of the division, providing information services, program reporting, data management, contract management, procurement, and budget development for the division.

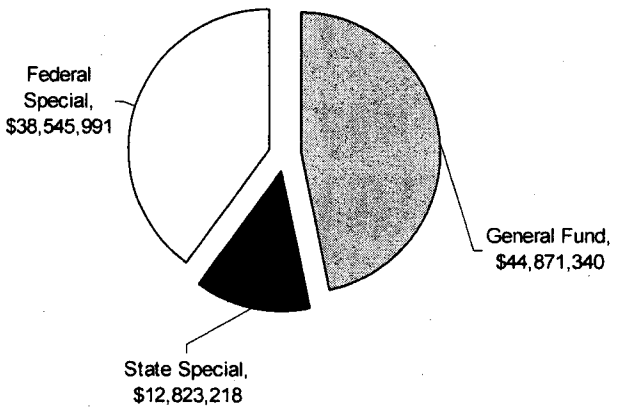
Addictive & Mental Disorders Division



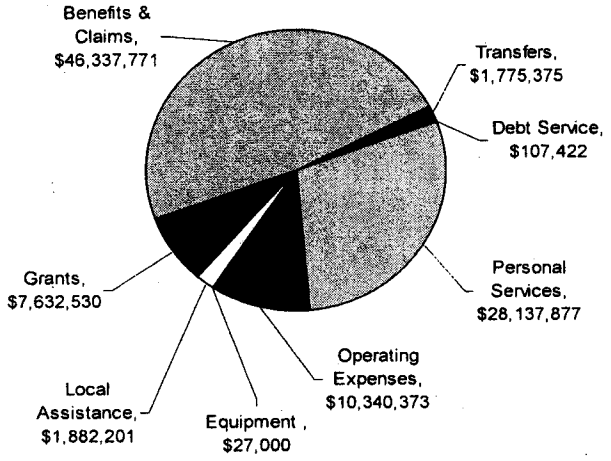
Spending and Funding Information

The following figures show funding and expenditure information for FY 2006 for all sources of funding of the Addictive and Mental Disorders Division. Because the figures include all sources of funding there are no direct relationships between these figures and appropriation levels presented in the Budget Analysis for the 2007 Biennium.

FY 2006 Funding

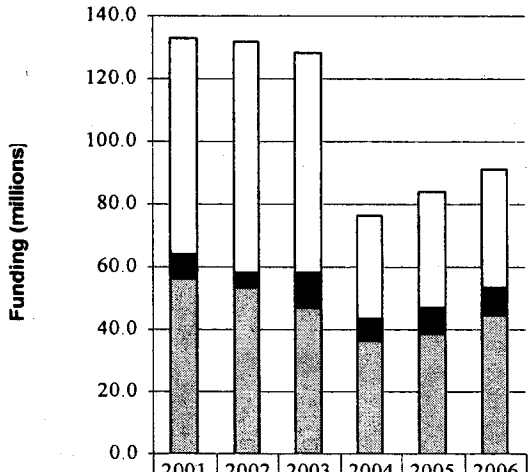


FY 2006 First Level Expenditures



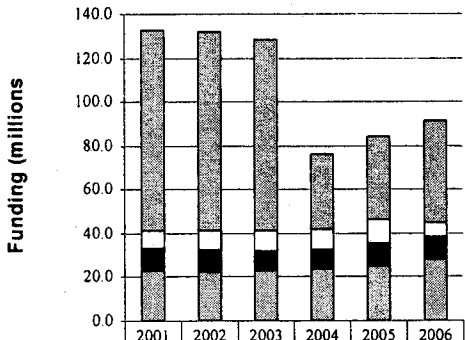
The following figures show funding and expenditures from FY 2001 through FY 2006, for HB2 funding. There were two administrative appropriations in SFY 2006 --- one from the Department of Corrections regarding youth treatment ($109,231) and one administrative appropriation from the DPHHS – Public Health and Safety Division for tobacco prevention ($410,000). In the two following graphs, SFY 2001 – SFY 2003 include children's mental health expenditures.

Historical Funding



	2001	2002	2003	2004	2005	2006
Federal Special	68.5	73.6	70.3	32.5	37.2	37.7
State Special	8.0	5.0	10.9	7.1	8.4	8.6
General Fund	56.4	53.4	47.3	36.7	38.7	44.9

Historical Expenditures



	2001	2002	2003	2004	2005	2006
Debt Service	0.0	0.0	0.1	0.1	0.1	0.1
Benefits & Claims	91.2	90.9	87.1	34.4	38.1	46.3
Grants	8.5	8.3	9.3	8.9	10.8	6.6
Equipment	0.1	0.0	0.1	0.0	0.0	0.0
Operating Expenses	10.1	9.9	8.9	9.2	10.0	10.1
Personal Services	23.0	22.8	23.2	23.7	25.3	28.1

2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

Program Expansion

The following represents the program expansions authorized by the last Legislature, primarily as new proposals.

- Mental Health Services

  The 2005 Legislature provided a biennial appropriation of $6.5 million of tobacco tax funds for the provision of Mental Health Services Plan (MHSP) pharmacy and other services.

- MHSP – Program of Assertive Community Treatment Slots

  The 2005 Legislature approved the department request to utilize approximately $1 million of 2004 MHSP base budget general fund to establish a source of funding for individuals with MHSP eligibility that could benefit from the services provided through the Program(s) of Assertive Community Treatment (PACT) programs operating in Helena, Billings, Missoula, Kalispell and Great Falls.

- Enhance Community Psychiatric Access

  The 20% rate increase for psychiatrists that was authorized for FY2006, was granted to improve availability and access for Medicaid beneficiaries.

- Expand Intensive Community-Based Rehabilitation (ICBR)

  The 2005 Legislature authorized the department to add 3.5 beds in SFY 2006 and 7.0 beds in SFY 2007 funded with tobacco tax matching funds. During SFY 2006, one of the sites closed citing staffing difficulties as a principle reason.

- Expand Medicaid Program of Assertive Community Treatment (PACT) Slots

  The previous legislature provided funding to annualize the cost of PACT services that were started at the end of SFY 2004 and the beginning of SFY 2005. Programs are located in Helena, Billings, Great Falls, Missoula, and Kalispell.

- Develop Home and Community-Based Services (HCBS) Waiver

  The department submitted a waiver application on September 18, 2006 and received notification of approval in late November with an implementation date of January 1, 2007. The 105 Medicaid slots use tobacco tax as match for the federal funds. Waiver services will be available in three areas of the state beginning January 1, 2007.

- Staff Training to Reduce Violence and Improve Communication

  The 2005 Legislature approved $70,000 in general fund ($35,000/year) for state hospital staff training in response to new federal initiatives that call for reducing and eventually eliminating the use of restraint and seclusion.

FTE

Modified FTEs Granted in SFY 2006

A modified Behavioral Health Program Facilitator FTE was added in SFY 2006. This 1.0 FTE is continued in the 2009 Biennium request.

MCDC did request and receive 6.0 modified FTE in SFY 2006. 5 FTE were necessary to provide immediate staffing assistance on weekends and evenings and provide for additional staff and patient safety and an additional counselor position was necessary to increase the average daily census to accommodate a contract with the Department of Corrections. The modified are requested as a new proposal in the 2009 biennium.

The Montana State Hospital was granted 36.60 FTE in SFY 2006 due to extremely high daily census. The FTE are continued in the department's request for the 2009 Biennium.

2005 Legislative Authorized Positions

Approval granted for 3.0 FTE in SFY 2006 and 2.0 additional FTE in SFY 2007. These positions are community program officers with a responsibility to represent the Helena central office; perform quality assurance and program monitoring; provide technical assistance to providers regarding department rules, policies, and procedures; and provide assistance to their respective Service Area Authorities. As discussed last session, these positions have been instrumental in the development of community crisis services proposals that are included in the mental health community services package that will follow.

2007 Biennium FTE Hire Dates	FTE	Date
69131701	1.0	11/14/2005
69131702	1.0	11/02/2005
69131703	1.0	11/14/2005
69131704	1.0	07/31/2006
69131705 (filled once – currently vacant)	1.0	07/31/2006

CORRECTIVE ACTION PLANS

Legislative Audit – 2005 Biennium

There were no audit recommendations resulting from the legislative and federal audit of the 2005 biennium for this program.

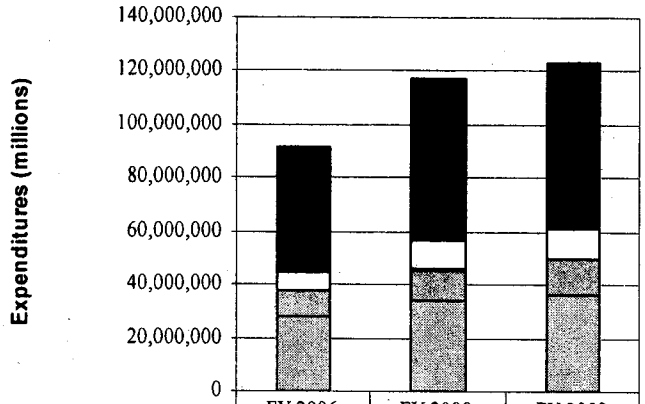
State and Federal Licensure/Certification Surveys

All three inpatient facilities were surveyed in SFY 2006. Comments regarding each facility follow in their respective templates.

2009 BIENNIUM BUDGET

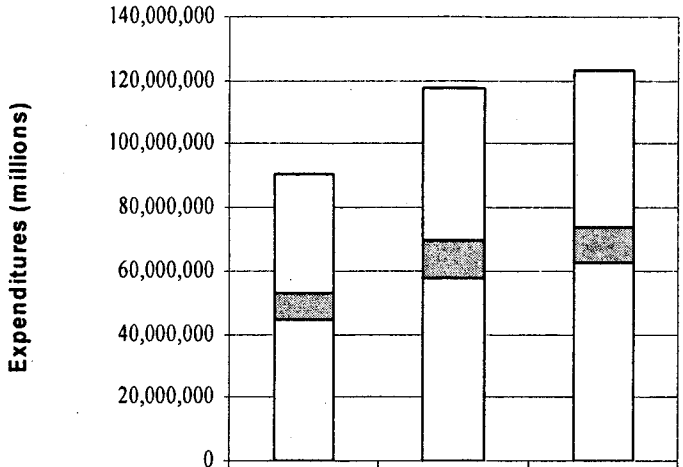
The following figures show the proposed HB 2 budget for the 2009 biennium.

DPHHS - AMDD
2009 Biennium HB 2 Budget
First Level Expenditures



	FY 2006	FY 2008	FY 2009
Debt Service	106,196	108,896	172,196
Benefit & Claims	46,337,774	60,338,963	61,932,431
Grants	6,634,137	10,786,049	10,786,820
Capital Outlay	0	450,000	0
Equipment	27,000	57,000	27,000
Operating Expenses	10,063,759	12,031,815	13,772,773
Personal Services	28,079,552	33,736,347	36,378,839

DPHHS - AMDD
2009 Biennium HB 2 Budget
Funding



	FY 2006	FY 2008	FY 2009
Federal Special	37,730,663	48,117,723	49,212,797
State/Other Special	8,646,414	11,364,282	11,163,183
General Fund	44,481,341	58,027,065	62,694,079

Goals and Measurable Objectives

Specific goals and measurable objectives are included in each program template that follows. In general, the goals and objectives for the Addictive and Mental Disorders Division can be categorized as:

- Developing a continuum of care that improves and sustains the lives of individuals with co-occurring disorders
- Continuing the development of consistent, evidence-based treatment modalities
- Improving the use of data for service delivery and management of programs
- Development of a set of community services designed to support individuals discharged from inpatient settings
- Increase the capacity for community crisis services
- Enhance inter-agency and intra-agency communication, collaboration and planning

BUDGET AND POLICY ISSUES

The following budget or policy issues are included in the Governor's Budget:

- Proposals to increase the capacity of community programs to provide crisis services for both mental health and chemical dependency
- Caseload adjustments
- Provider rate increases of 2.5%
- Proposals to assist individuals exiting inpatient care to transition successfully into community services

- New federal grants for prevention and data management
- Media campaign for the prevention of methamphetamine use
- Continuance of modified positions added during SFY 2006
- Annualization of programs started in SFY 2006
- Funding changes due to the change in the Federal Medical Assistance Percentage (FMAP)
- Inflation increases in operating costs
- Treatment collaboration with the Department of Corrections

SIGNIFICANT ISSUES EXPANDED

Significant issues affecting the various programs operated by the Addictive and Mental Disorders Division are included with each template. To summarize, some of the issues regarding the division's direction include:

- Community crisis services development
- Expansion of community-based continuum of care
- Service Area Authority (SAA) development and inclusive training and skill development
- Increased use of evidence-based practices in treating individuals with mental and substance abuse disorders
- Co-occurring treatment of individuals with mental health and substance abuse disorders
- Data and performance improvement
- Health Insurance Flexibility and Accountability (HIFA) conversion
- STEP

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

ADDICTIVE & MENTAL DISORDERS DIVISION
MENTAL HEALTH ADMINISTRATION

CONTACTS

The contacts for information regarding the Mental Health Services Bureau are:

Title	Name	Phone Number	E-mail address
Division Administrator	Joyce De Cunzo	444-3969	jdecunzo@mt.gov
Bureau Chief	Lou Thompson	444-9318	lothompson@mt.gov
Chief Financial Officer	Bob Mullen (acting)	444-3518	bmullen@mt.gov

WHAT THE PROGRAM DOES

The **Mental Health Services Bureau** is responsible for the development, implementation, operation, oversight, evaluation, and modification of the state's system for delivering and reimbursing publicly funded adult mental health services. The bureau develops, maintains, and revises administrative rules, policies, procedures, and systems necessary to ensure the availability and efficient delivery of appropriate and effective services. The bureau also provides extensive monitoring and oversight of program implementation and operation as well as analysis and reporting of program operations, costs, and outcomes.

STATUTORY AUTHORITY

TITLE 53. SOCIAL SERVICES AND INSTITUTIONS

CHAPTER 21. MENTALLY ILL

P.L. 102-321, CFR

HOW SERVICES ARE PROVIDED

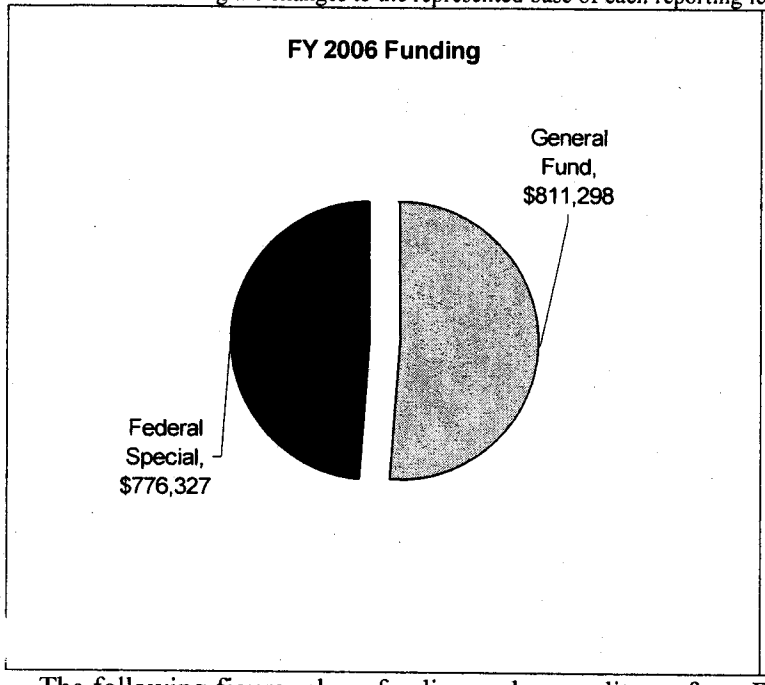
The Mental Health Services Bureau manages the state's community-based mental health services for individuals age 18 and over. Six full time employees are based in Helena; the four remaining staff are located in the communities of Kalispell, Great Falls, Anaconda, and Billings. Recruitment efforts are underway for a fifth Community Program Officer position in Miles City. The Helena staff is responsible for oversight and management of community services including development and implementation of new service models, quality assurance, maintenance and revision of administrative rules, policies, and procedures, administration of Federal grants. The Community Program Officers are liaisons with the central office and with community providers, stakeholders, and consumers with emphasis on planning, coordination, operation, and monitoring of community services including planning and development of crisis services in the community. The bureau employs 12.0 FTE.

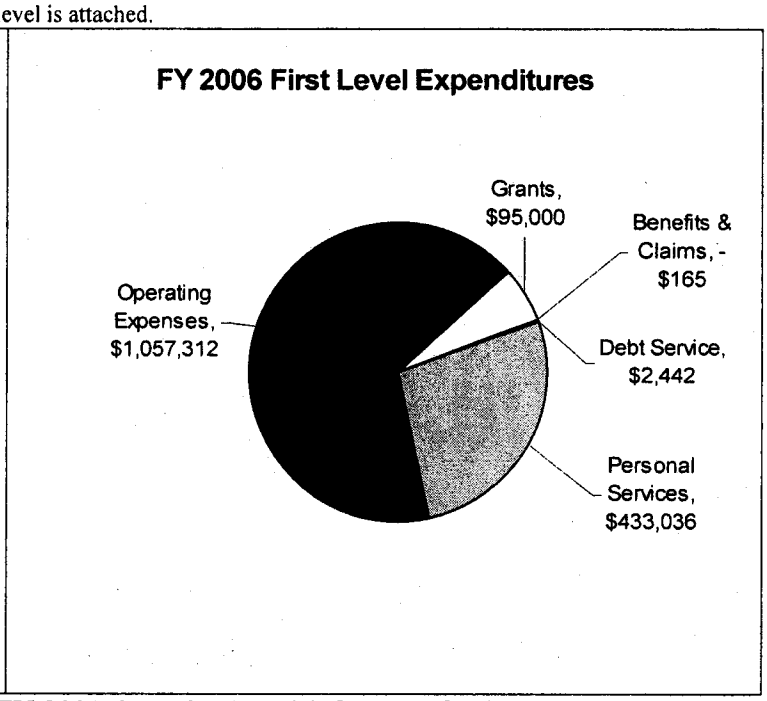
Medicaid mental health services are provided by licensed mental health centers and private practitioners who are enrolled with the state's fiscal intermediary (ACS). Services include an array of inpatient and outpatient therapies as well as services provided under the rehabilitation option in the Medicaid State Plan. Services provided to individuals enrolled in the state-funded Mental Health Services Plan (MHSP) are reimbursed through a contractual agreement with four licensed mental health centers. The Mental Health Services Bureau also contracts directly for a limited number of other services.

Spending and Funding Information

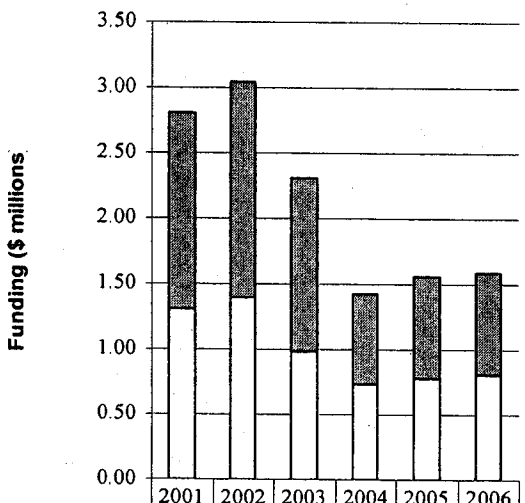
The following figures show funding and expenditure information for FY 2006 for all sources of funding of the Mental Health Services Bureau. Because the figures include all sources of funding there are no direct relationships between these figures and appropriation levels presented in the Budget Analysis for the 2007 Biennium.

The 2006 base presented is amended from the MBARS version to more fairly represent the comparative intent of the charts. An error in rollups of these reporting levels understated Mental Health Administration (6901-33-01-01) and overstated Mental Health Other Services (6901-33-01-04). A worksheet showing the changes to the represented base of each reporting level is attached.

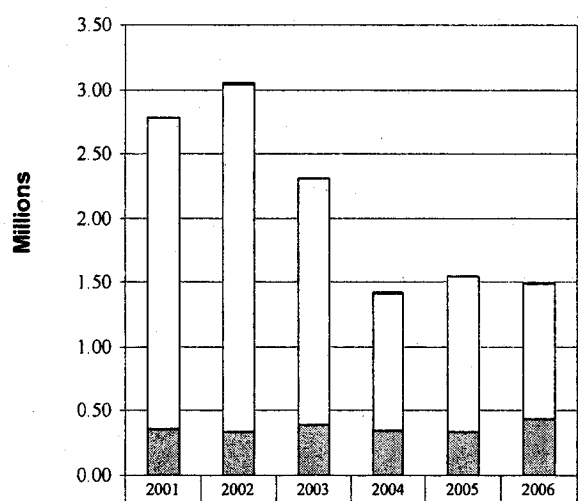




The following figures show funding and expenditures from FY 2001 through FY 2006, for HB2 funding. There were no administrative appropriations. SFY 01-03 data includes children's services.



	2001	2002	2003	2004	2005	2006
Federal Special	1.49	1.65	1.32	0.69	0.78	0.78
State Special	0.00	0.00	0.00	0.00	0.00	0.00
General Fund	1.31	1.40	0.99	0.74	0.78	0.81



	2001	2002	2003	2004	2005	2006
Debt Service	0.00	0.00	0.00	0.00	0.00	0.00
Equipment	0.00	0.00	0.00	0.00	0.00	0.00
Operating Expenses	2.42	2.71	1.92	1.07	1.22	1.06
Personal Services	0.36	0.34	0.39	0.35	0.33	0.43

2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

Program Expansion

There were no program expansions or major policy changes from the 2005 legislative session regarding this program.

FTE

Approval granted for 3.0 FTE in SFY 2006 and 2.0 additional FTE in SFY 2007. These positions are community program officers with a responsibility to represent the Helena central office; perform quality assurance and program monitoring; provide technical assistance to providers regarding department rules, policies, and procedures; and provide assistance to their respective Service Area Authorities. As discussed last session, these positions have been instrumental in the development of community crisis services proposals that are included in the mental health community services package that will follow.

2007 Biennium FTE Hire Dates	FTE	Date
69131701	1.0	11/14/2005
69131702	1.0	11/02/2005
69131703	1.0	11/14/2005
69131704	1.0	07/31/2006
69131705 (filled once – currently vacant)	1.0	07/31/2006

The Mental Health Services Bureau provided outcome measures for the new Community Program Officer (CPO) positions. Three individuals were hired in November 2005; a fourth began on July 31, 2006. The fifth position (Miles City) was filled on July 31, but was vacated within 60 days. Recruitment efforts are underway to fill the position for eastern Montana. In proposing specific outcome measures, the Bureau failed to take into account the time that would be required to acquaint new employees with the adult mental health system including the statutes, rules, programs, providers, and communities. Nevertheless, in a relatively short period of time, the following has been accomplished: work with Local Advisory Committees, Service Area Authorities, county officials, and law enforcement to assist in the planning, development, and strengthening of community crisis systems; monitor implementation of Community Crisis Grant awardees; facilitate networking among agencies to leverage resources, both on an individual and system level; assist with program development including evidence-based practices; facilitate collaboration between agencies (children's mental health, Montana State Prison, Developmental Disabilities, Adult Protective Services, Senior & Long Term Care); participate in state planning groups (Service Area Authorities, Local Advisory Committees, Co-Occurring Change Agents); and Native American programs. The CPOs have also been available to work directly with individual consumers and families in need of assistance in assessing services. The CPOs completed a statewide survey of crisis response resources that will be made available to Local Advisory Committees and Service Area Authorities in FY 07 and 08. The new HCBS Waiver for persons with mental illness will be implemented in January 2007. CPO staff has primary responsibility for quality assurance and compliance monitoring for this waiver.

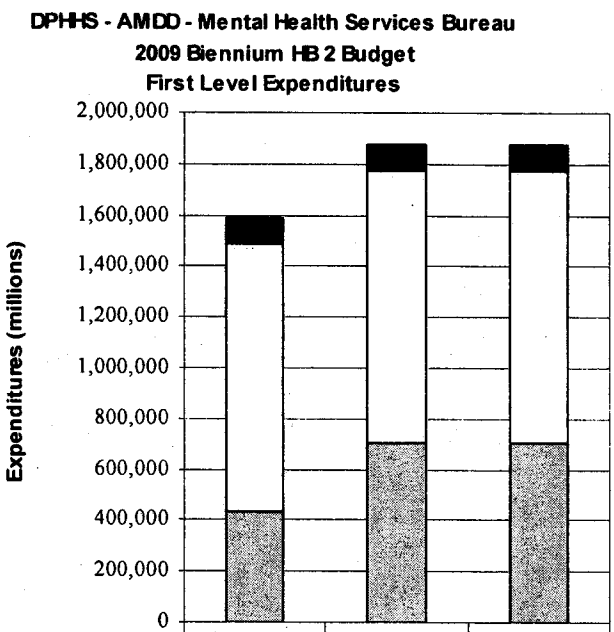
CORRECTIVE ACTION PLANS

Legislative Audit – 2005 Biennium

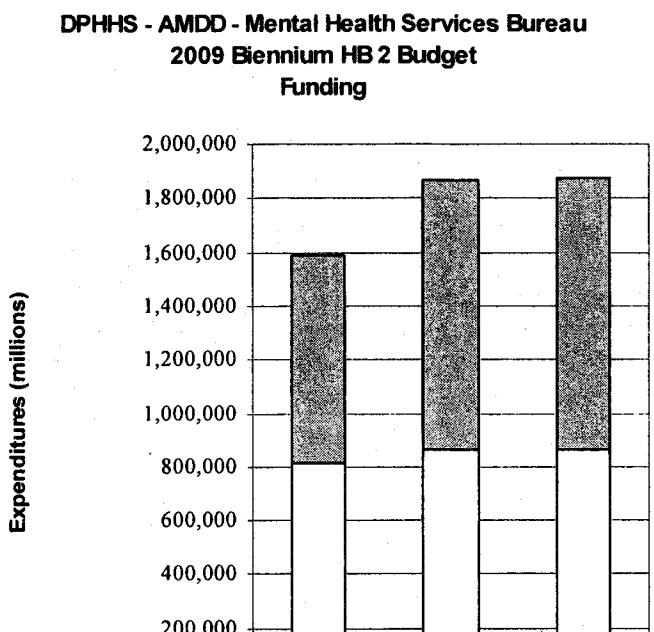
There were no audit recommendations resulting from the legislative and federal audit of the 2005 biennium for this program.

2009 BIENNIUM BUDGET

The following figures show the proposed HB 2 budget for the 2009 biennium.



	FY 2006	FY 2008	FY 2009
Debt Service	2,442	2,442	2,442
Grants	95,000	95,000	95,000
Operating Expenses	1,057,312	1,072,107	1,072,074
Personal Services	433,036	704,463	705,780



	FY 2006	FY 2008	FY 2009
Federal Special	776,327	1,006,803	1,007,445
State/Other Special	811,298	864,602	865,244

The 2006 base presented is amended from the MBARS version to more fairly represent the comparative intent of the charts. An error in rollups of these reporting levels understated Mental Health Administration (6901-33-01-01) and overstated Mental Health Other Services (6901-33-01-04). A worksheet showing the changes to the represented base of each reporting level is attached

Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Measurable Objectives for the 2009 Biennium		
Goal	Measurable Objectives	Current Status of Measures
Develop and support a community-based system of care for adults that is recovery-focused and consumer-driven. **(Medicaid goal # 3)**	By 2008, implement strength-based case management in all mental health centers who provide services to adults with serious mental illness. This model provides for development of plans that are led by consumers.	FY 2006/07: strengths-based model training provided to 175 case managers and 51 supervisors.
	By 2008, develop structure for the delivery of peer specialist services, which results in employment for consumers and is a rehabilitative activity for consumers. **DP 33410**	FY2006: no peer services FY2007: awarded grant to Center for Mental Health for development of peer services

Measurable Objectives for the 2009 Biennium		
Goal	Measurable Objectives	Current Status of Measures
	In 2008, evaluate community crisis grants for outcomes and effectiveness By 2009, evaluate new programs and treatment practices for introduction into the adult mental health system, including services for rural communities, telemedicine, and evidence based practices.	AMDD awarded 6 grants in FY 2006/07 to create, support or enhance community –based crisis response.
Improve the use of data to guide program planning in service delivery and management. **(Medicaid goals # 1 and 9)**	Implement reporting of recovery markers in two mental health centers in FY2008 and three additional mental health centers in FY2009. Establish baseline functional level for clients receiving case management, measure change over time, and report findings. By 2009, develop fidelity measures for dialectical behavior therapy, strength-based case management, and co-occurring capability By 2008, define Data Infrastructure Grant data sets that assist with program development. By 2008, develop standard reporting formats to gather data on mental health services	FY2006: Recovery markers selected: housing, employment, interference of symptoms, readiness for change, use of alcohol or other drugs. A web-based application was developed for periodic reporting of recovery markers for individuals receiving case management services – currently in testing phase. FY2005-07: provided training to providers in service delivery of dialectical behavior therapy, strength-based case management and co-occurring screening and assessment 2007: hired data analyst for Mental Health Services Bureau **DP 33413**
Enhance inter-and intra-agency communication, collaboration, and planning, reinforcing the recognition that people served by the Mental Health Services Bureau have needs that are or can be met in other state systems.	By 2009, identify agencies other than mental health that have responsibility for individuals with serious mental illness. In 2009, outreach to identified agencies to provide coordinated and integrated services to individuals with serious mental illness.	FY2007: held meetings with Children's Mental Health Bureau, Vocational Rehabilitation, Developmental Disabilities, Montana State Prison, Independent Living Providers.

BUDGET AND POLICY ISSUES

The following budget or policy issues are included in the Governor's Budget:

NP 33413 – Federal Data Infrastructure Grant (1.0 FTE)

SIGNIFICANT ISSUES EXPANDED

Service Area Authority (SAA) Development – During the current biennium, each Service Area Authority has become incorporated, adopted by-laws, and appointed a board of directors. Additionally, each SAA is working on a strategic plan that addresses the unique needs of its geographic region and population. The SAAs individually and as a group have worked with AMDD in identifying statewide issues for attention during the Legislative session and provided AMDD with recommendations for budgetary and programmatic requests.

Evidence Based Practices use current and best research evidence in making clinical and programmatic decisions about the care of clients. AMDD supports the use of evidence-based and empirically-supported treatments and services for adults with severe mental illness, including the following: assertive community treatment (ACT), dialectical behavior therapy

(DBT), wellness recovery action plan (WRAP), White Bison, strengths-based case management, and integrated dual-diagnosis treatment.

Co-occurring Treatment – Individuals with co-occurring mental illness and substance use disorders are highly prevalent in all public service systems (mental health, substance treatment, criminal justice, homeless shelters, primary care, victim/trauma services, family protective services). In Montana's public mental health system, about two-thirds of the adults served have a co-occurring substance use disorder. Likewise, approximately sixty percent of the individuals served in the public chemical dependency system have a co-occurring mental illness. Individuals with co-occurring illness traditionally have high rates of relapse and re-hospitalization, suicide and violence, medical involvement (HIV/STD), criminal involvement, homelessness, and family disruption and abuse.

Data and Performance Improvement – AMDD has completed the testing phase of "recovery markers" – measures of individual change on six variables (housing, employment, symptom interference, alcohol and substance use, and readiness for change). Mental health centers will begin on-line reporting on these six variables at 90-day intervals for clients receiving targeted case management, assertive community treatment, and dialectical behavior therapy. The combination of evidence-based practices and recovery measurement provides the opportunity for the Mental Health Services Bureau to track and identify services that provide the greatest hope and opportunity for adults with serious mental illness. Additionally, use of these tools will promote a more efficient use of limited funding by identification of services or combinations of services that promote recovery and reduce the use of the most expensive, high-end services.

Existing MBARS	Amended Base Templates

Mental Health Administration - 6901-33-01-01

	SFY 2006
Personal Services	67,525
Operating	990,975
Grants	95,000
Benefits&Claims	(165)
Debt Service	-
Total	1,153,335
General Fund	568,632
State Special	-
Federal Funds	584,703
Total	1,153,335

	SFY 2006	Change
Personal Services	433,036	365,511
Operating	1,057,312	66,337
Grants	95,000	-
Benefits&Claims	(165)	-
Debt Service	2,442	2,442
Total	1,587,625	434,290
General Fund	811,298	242,666
State Special	-	
Federal Funds	776,327	191,624
Total	1,587,625	434,290

Mental Health Other Services - 6901-33-01-04

	SFY 2006
Personal Services	365,511
Operating	123,525
Grants	-
Benefits&Claims	381,156
Debt Service	2,442
Total	872,634
General Fund	352,252
State Special	-
Federal Funds	520,382
Total	872,634

	SFY 2006	Change
Personal Services	-	(365,511)
Operating	57,188	(66,337)
Grants	-	
Benefits&Claims	381,156	-
Debt Service	-	(2,442)
Total	438,344	(434,290)
General Fund	109,586	(242,666)
State Special	-	
Federal Funds	328,758	(191,624)
Total	438,344	(434,290)

Combined Reporting Levels

Sum of Both RLs	2,025,969
General Fund	920,884
State Special	-
Federal Funds	1,105,085
Total	2,025,969

Sum of Both RLs	2,025,969	-
General Fund	920,884	-
State Special	-	-
Federal Funds	1,105,085	-
Total	2,025,969	

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

ADDICTIVE & MENTAL DISORDERS DIVISION
MENTAL HEALTH SERVICES PLAN

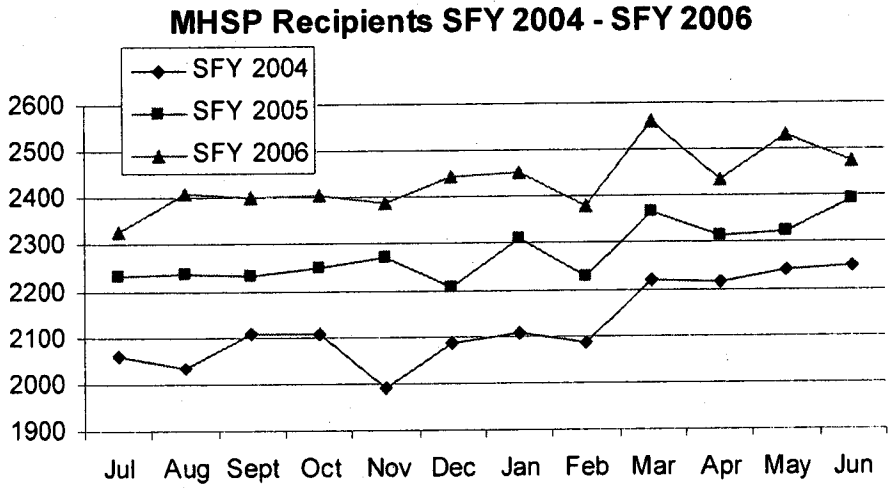
CONTACTS

The contacts for information regarding the Mental Health Services Plan are:

Title	Name	Phone Number	E-mail address
Division Administrator	Joyce De Cunzo	444-3969	jdecunzo@mt.gov
Bureau Chief	Lou Thompson	444-9318	lothompson@mt.gov
Chief Financial Officer	Bob Mullen (acting)	444-3518	bmullen@mt. gov

WHAT THE PROGRAM DOES

The Mental Health Services Plan (MHSP) is a non-Medicaid mental health program for individuals up to 150% of the federal poverty level who have a severe and disabling mental illness. The program provides community-based mental health services through contracts with four licensed mental health centers and a capped monthly pharmacy benefit. The chart data is based on pharmacy data and encounter data provided by the mental health centers.



STATUTORY AUTHORITY

TITLE 53. SOCIAL SERVICES AND INSTITUTIONS

CHAPTER 21. MENTALLY ILL

P.L. 102-321, CFR

HOW SERVICES ARE PROVIDED

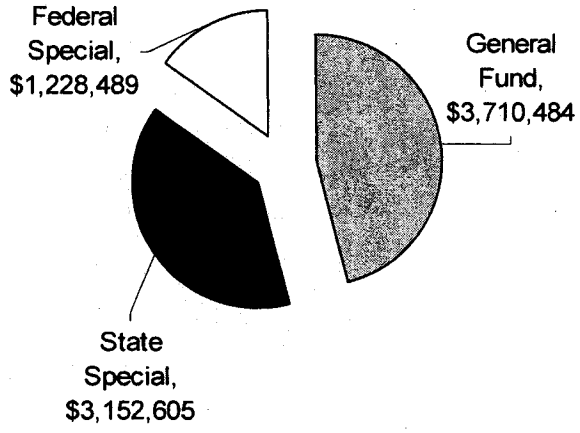
There is a pharmacy benefit that is capped at $425 per month. Historically, more than 90% of the individuals served each month spend less than the capped benefit. Pharmacy services are available through virtually any pharmacy and provider payment is made through a point of sale system operated by the state's fiscal agent, ACS.

Community-based mental health services are provided through direct service contracts with four community mental health centers. Services generally consist of therapies, case management, support services, and medication management. Contract payments are distributed on a monthly basis. In SFY 2006, funding of Program of Assertive Community Treatment (PACT) for MHSP recipients was added as a new service. Three of the four centers are providing PACT services in Helena, Billings, Missoula, Kalispell, and Great Falls.

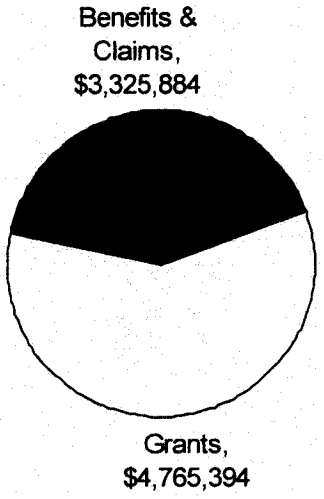
Spending and Funding Information

The following figures show funding and expenditure information for FY 2006 for all sources of funding of the Mental Health Services Plan. Because the figures include all sources of funding there are no direct relationships between these figures and appropriation levels presented in the Budget Analysis for the 2007 Biennium.

FY 2006 Funding

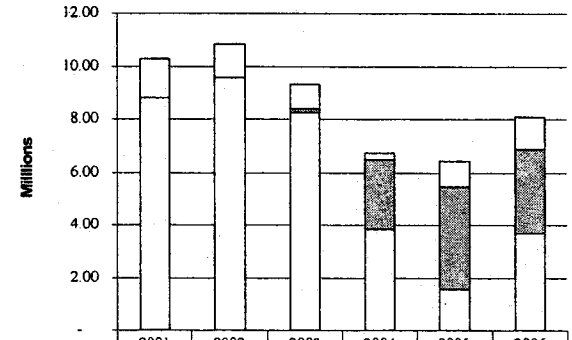


FY 2006 First Level Expenditures



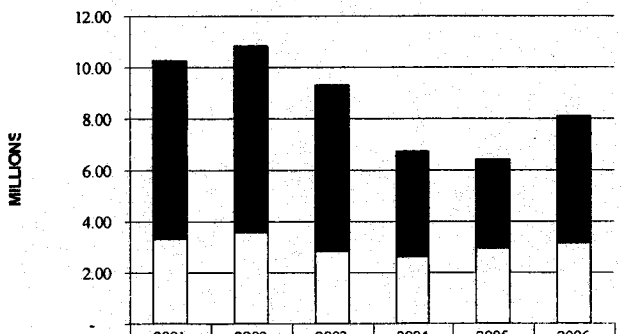
The following figures show funding and expenditures from FY 2001 through FY 2006, for HB2 funding. There were no administrative appropriations. SFY 2001, SFY 2002, and SFY 2003 are adjusted to show only adult expenditures in the following two charts.

Historical Funding



	2001	2002	2003	2004	2005	2006
Federal Special	1.47	1.25	0.95	0.29	0.95	1.23
State Special	-	-	0.11	2.61	3.89	3.15
General Fund	8.79	9.59	8.27	3.85	1.56	3.71

Historical Expenditures



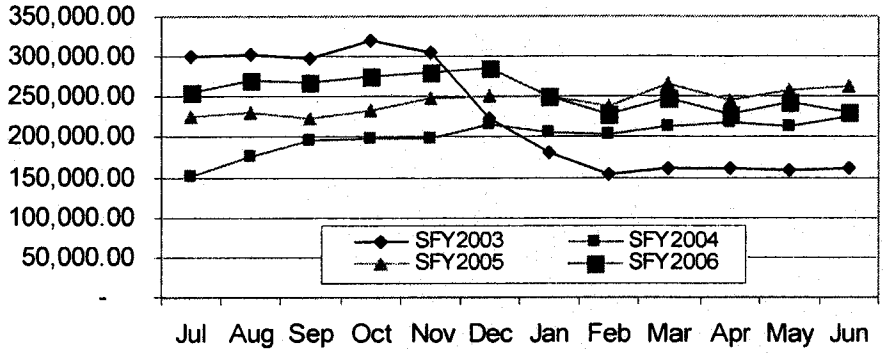
	2001	2002	2003	2004	2005	2006
Community Grants	6.96	7.24	6.52	4.14	3.47	4.94
Pharmacy Claims	3.30	3.60	2.82	2.61	2.94	3.15

2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

Program Expansion

- DP 3002 – Mental Health Services

MHSP PHARMACY COST PER MONTH
SFY 2003 - SFY 2006



The 2005 Legislature provided a biennial appropriation of $6.5 million of tobacco tax funds for the provision of Mental Health Services Plan (MHSP) pharmacy and other services. Of the 5362 recipients of MHSP services in SFY 2006, 3459 received pharmacy services (65%), perhaps in addition to other services. In SFY 2006, $3,152,605 was spent. It is expected that the balance will be spent in SFY 2007. The 2009 biennial request seeks to continue the SFY 2006 base amount each year. The reduced monthly cost in the second half of SFY 2006 is attributed to the effect of Medicare Part D.

- MHSP – Program of Assertive Community Treatment Slots

The 2005 Legislature approved the department request to utilize approximately $1 million of 2004 MHSP base budget general fund to establish a source of funding for individuals with MHSP eligibility that could benefit from the services provided through the Program(s) of Assertive Community Treatment (PACT) programs operating in Helena, Billings, Missoula, Kalispell and Great Falls. In SFY 2006, the department spent approximately $650,000 for MHSP eligible slots. The balance of the funds were transferred to other MHSP contracts and will be available for MHSP PACT services in the 2009 biennium.

- Crisis Stabilization Pilot Contracts

As discussed with the subcommittee last session, the department requested bids and awarded approximately $875,000 in contracts to community programs to improve crisis stabilization services. Two bids were awarded to mental health programs in each Service Area Authority (SAA). These community pilot programs were funded:

Program	Purpose	Cost
Eastern Montana CMHC	Crisis Response, Suicide Care, Equipment	$ 65,000
Center for Mental Health	Peer Support Services	$ 163,908
Rocky Mountain Development Council	Crisis Response Team	$ 207,984
South Central CMHC	Community Training	$ 139,700
Western Montana CMHC – Butte	Peer Support and Crisis Stabilization	$ 231,126
Western Montana CMHC – Hamilton	Peer Support Services	$ 67,300

Approximately $294,000 will be paid from SFY 2007 general fund.

FTE

There is no staffing associated with this reporting level or program.

2007 Biennium FTE Hire Dates	FTE	Date
NONE		

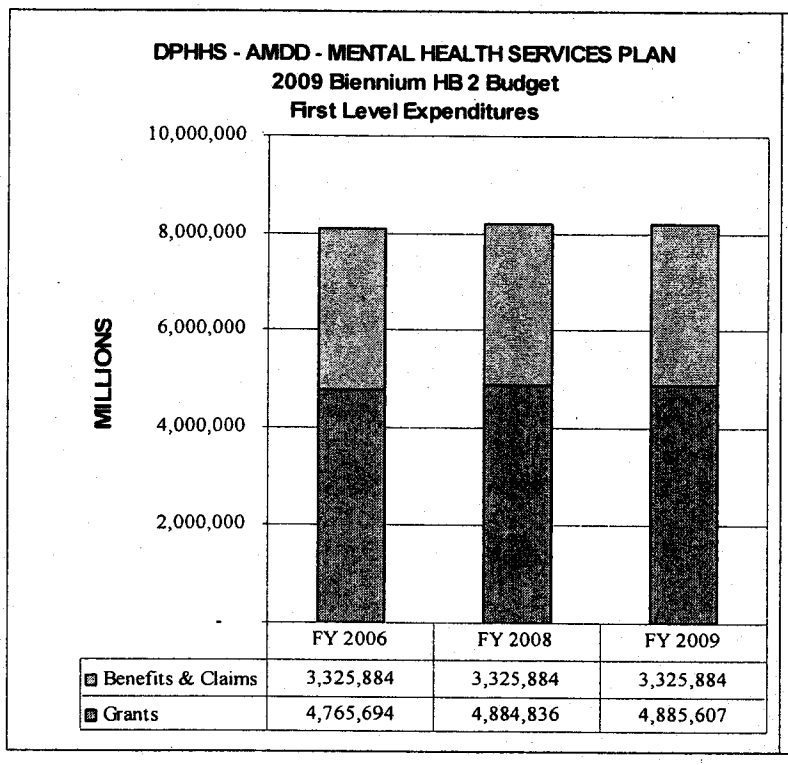
CORRECTIVE ACTION PLANS

Legislative Audit – 2005 Biennium

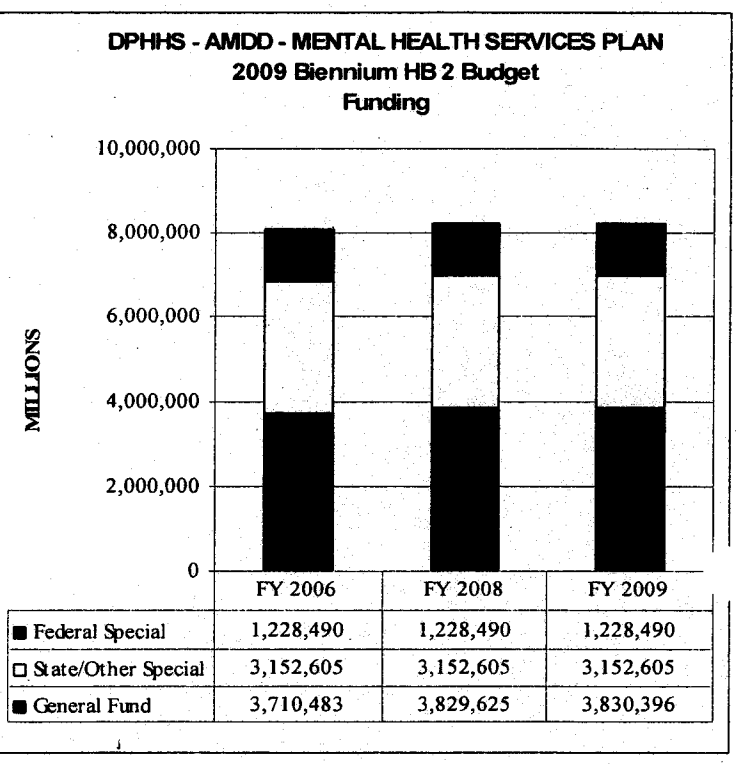
There were no audit recommendations regarding this program.

2009 BIENNIUM BUDGET

The following figures show the proposed HB 2 budget for the 2009 biennium.



	FY 2006	FY 2008	FY 2009
Benefits & Claims	3,325,884	3,325,884	3,325,884
Grants	4,765,694	4,884,836	4,885,607



	FY 2006	FY 2008	FY 2009
Federal Special	1,228,490	1,228,490	1,228,490
State/Other Special	3,152,605	3,152,605	3,152,605
General Fund	3,710,483	3,829,625	3,830,396

Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Measurable Objectives for the 2009 Biennium		
Goal	Measurable Objectives	Current Status of Measures
Implement HIFA waiver if approved by CMS. **(Medicaid goal # 1)**	By 2008, transfer responsibility for determination of eligibility for MHSP to state-operated entity. By 2008, develop criteria for waiver eligibility including prioritization of individuals on waiting list. By 2008, identify plan of benefits for MHSP individuals who are not eligible for waiver.	MHSP financial and clinical eligibility is determined by contracted mental health centers. MHSP currently serves about 5000 individuals per year, 2400 clients per month. HIFA will transfer about 1500 MHSP beneficiaries to a limited Medicaid benefit. Remaining 900 individuals are currently dually eligible for Medicare or other insurance and will receive ongoing limited services through MHSP.
Re-procure contracts for delivery of services to MHSP beneficiaries	Develop Request for Proposals and award contracts in 2008.	FY2007: MHSP services provided through contracts with four community mental health centers.

BUDGET AND POLICY ISSUES

The following budget or policy issues are included in the Governor's Budget:

- NP 33701 – Provider Rate Increase

SIGNIFICANT ISSUES EXPANDED

The Department anticipates approval of its application for a HIFA waiver (Health Insurance Flexibility and Accountability). If approved, this waiver will match MHSP funding with Federal funds to provide limited Medicaid services to up to 1500 current MHSP beneficiaries. This population will receive expanded services including limited general medical and inpatient hospital benefits. The MHSP beneficiaries who are not eligible for the waiver will continue to receive limited MHSP benefits with state or Mental Health Block Grant funding.

The introduction of a pharmacy benefit for Medicare beneficiaries in January 2006 (Part D) had a positive impact on the MHSP pharmacy budget. Approximately one third of MHSP eligible individuals are also eligible for Medicare and Administrative Rule amendments effective in May 2006 limited the MHSP pharmacy benefit for dually eligible individuals. The anticipated savings in the MHSP pharmacy budget was mitigated by an increase in the cost of medications.

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

ADDICTIVE & MENTAL DISORDERS DIVISION

MENTAL HEALTH MEDICAID

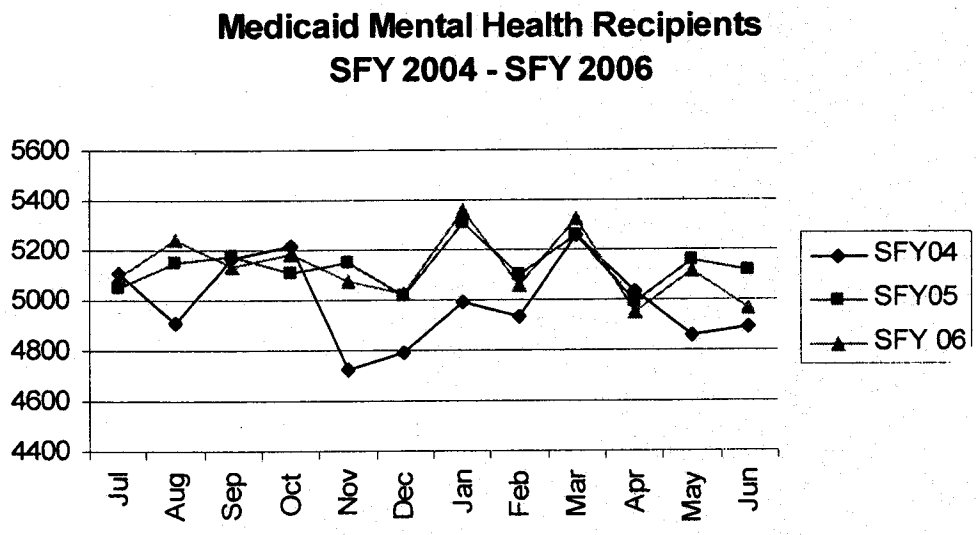
CONTACTS

The contacts for information regarding the Mental Health Medicaid Services are:

Title	Name	Phone Number	E-mail address
Division Administrator	Joyce De Cunzo	444-3969	jdecunzo@mt.gov
Bureau Chief	Lou Thompson	444-9318	lothompson@mt.gov
Chief Financial Officer	Bob Mullen (acting)	444-3518	bmullen@mt.gov

WHAT THE PROGRAM DOES

The Medicaid mental health program provides an array of mental health therapies, medication management, therapeutic living, crisis and rehabilitation services for low income individuals having a severe and disabling mental illness. Co-occurring treatment needs are considered the expectation, not the exception. A strong emphasis is focused on recovery with the use of evidence based practices. In SFY 2006, approximately 13,900 Medicaid eligible individuals will receive services from the network of community and institutional providers.



The Medicaid mental health program provides about 80% of the public mental health services delivered in communities settings, not including the Medicaid pharmacy program.

STATUTORY AUTHORITY

TITLE 53. SOCIAL SERVICES AND INSTITUTIONS

CHAPTER 21. MENTALLY ILL

P.L. 102-321, CFR

HOW SERVICES ARE PROVIDED

The Medicaid mental health program provides mandatory hospitalization, clinic, and physician services and optional therapeutic treatment services in clinic, rehabilitation, out-of-home residential, and institutional settings to Medicaid eligible individuals. Optional services are provided primarily through mental health centers and other community mental health professionals. Access to mental health services requires that individuals have a severe and disabling mental illness.

The table illustrates where the recipients of services were served by broad categories within the system of care in SFY 2006, as of the end of November 2006.

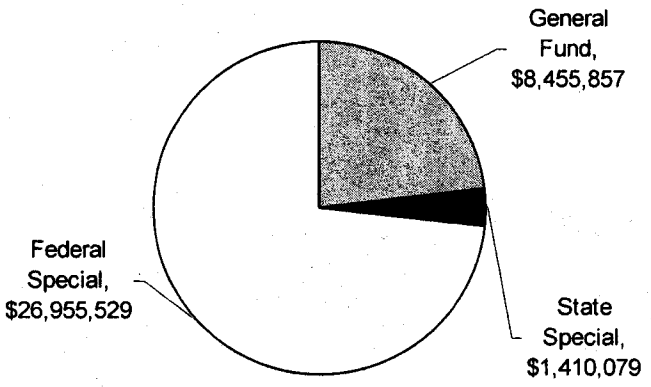
Community MH Medicaid Service Category	Expenditures	Percent
Crisis Response Services	$ 2,696,084	8.4%
Community Rehabilitation Services	$ 24,112,636	75.5%
Practitioner and Therapy Services	$ 5,162,192	16.1%
Total Community MH Medicaid Services	$ 31,970,912	100.0%

Totals above do not include institutional Medicaid for MSH and MMHNCC and are not intended to be the same as in the graphs on the following page.

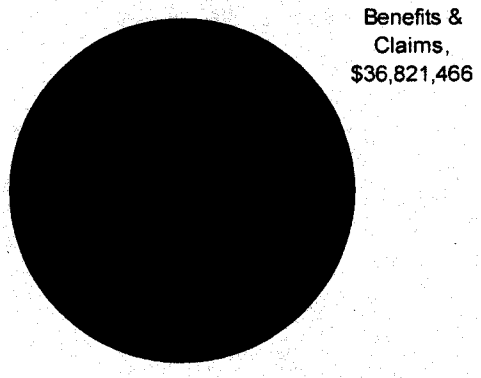
Spending and Funding Information

The following figures show funding and expenditure information for FY 2006 for all sources of funding of the Mental Health Medicaid program. Because the figures include all sources of funding there are no direct relationships between these figures and appropriation levels presented in the Budget Analysis for the 2007 Biennium.

FY 2006 Funding

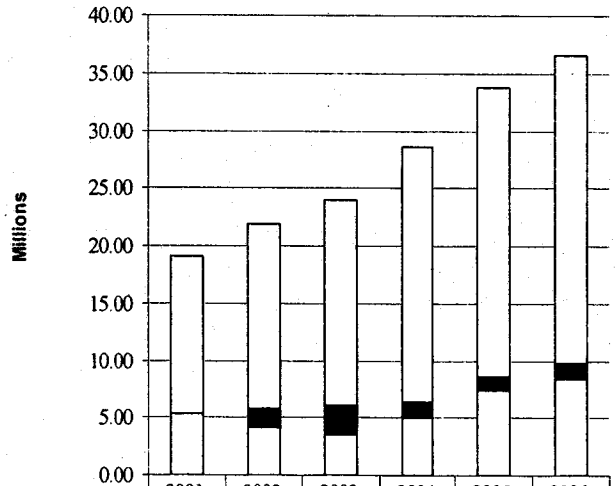


FY 2006 First Level Expenditures



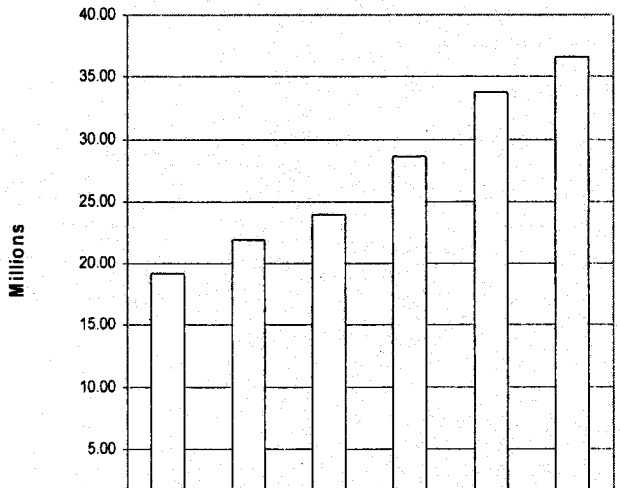
The following figures show funding and expenditures from FY 2001 through FY 2006, all HB2 funding. There were no administrative appropriations. In the graphs below, SFY 2001, SFY 2002, and SFY 2003 are estimated adult Medicaid costs only. Total Medicaid expenditures for the periods were $70.07 million, $77.55 million, and $75.49 million respectively.

Historical Funding



	2001	2002	2003	2004	2005	2006
Federal Special	13.78	16.18	17.94	22.24	25.26	26.81
State Special	0.00	1.52	2.45	1.27	1.17	1.35
General Fund	5.39	4.21	3.55	5.09	7.40	8.46

Historical Expenditures



	2001	2002	2003	2004	2005	2006
Benenfit & Claims	19.17	21.91	23.94	28.60	33.82	36.62

2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

Program Expansion

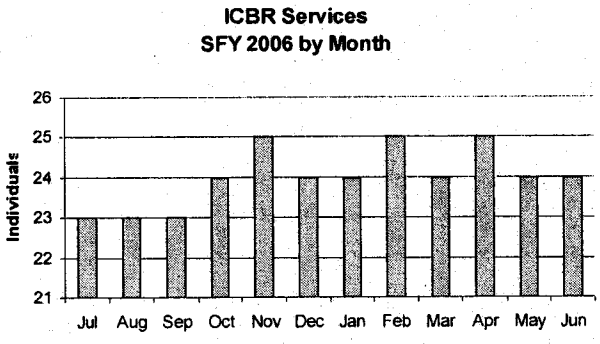
- Enhance Community Psychiatric Access

The 20% rate increase for psychiatrists that was authorized for FY2006, was intended to improve availability and access for Medicaid beneficiaries. The number of psychiatrists billing for adult mental health services and the number of individuals served increased modestly. The services provided by psychiatrists to public mental health adults have not declined, although there does remain a gap in the number of professionals available to provide services and the actual number involved with service delivery. We believe that without the rate increase we would have seen a decline in availability of providers and units of service.

	Adult Individuals Served	# Psychiatrists Billing for Adult Services
SFY 2003	3952	63
SFY 2004	3982	63
SFY 2005	3963	80
SFY 2006	4044	75

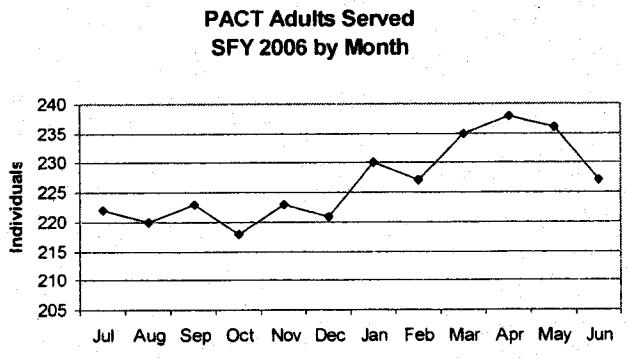
- Expand Intensive Community-Based Rehabilitation (ICBR)

In SFY 2004, the department implemented a decision package from the 2003 Legislature creating the ICBR program. The intensive community based rehabilitation services were developed for patients from the Mental Health Nursing Care Center that could benefit dramatically in community-based group living environments. Montana State Hospital patients with long lengths of stay and meeting other program criteria were later added as potential program residents. The department awarded contracts in five sites for a total of 21 beds. The 2005 Legislature authorized the department to add 3.5 beds in SFY 2006 and 7.0 beds in SFY 2007 funded with tobacco tax matching funds. During SFY 2006, one of the sites closed citing staffing difficulties as a principle reason.



- Expand Program of Assertive Community Treatment (PACT) Slots

The previous legislature provided funding to annualize the cost of PACT services that were started at the end of SFY 2004 and the beginning of SFY 2005. Programs are located in Helena, Billings, Great Falls, Missoula, and Kalispell. The graph indicates the number of slots filled in SFY 2006. The total number of monthly slots available continues to lag behind the department's goal of approximately 280. Finding eligible individuals has proven more difficult than the department anticipated because of the choices of locations for the programs, and difficulty identifying individuals who are both clinically and financially eligible.



- Develop Home and Community-Based Services (HCBS) Waiver

  The department submitted a waiver application on September 18, 2006 and received notification of approval in late November with an implementation date of January 1, 2007. The 105 Medicaid slots use tobacco tax as match for the federal funds. Waiver services will be available in three areas of the state beginning January 1, 2007.

FTE

There is no staffing associated with this reporting level or program.

2007 Biennium FTE Hire Dates	FTE	Date
NONE		

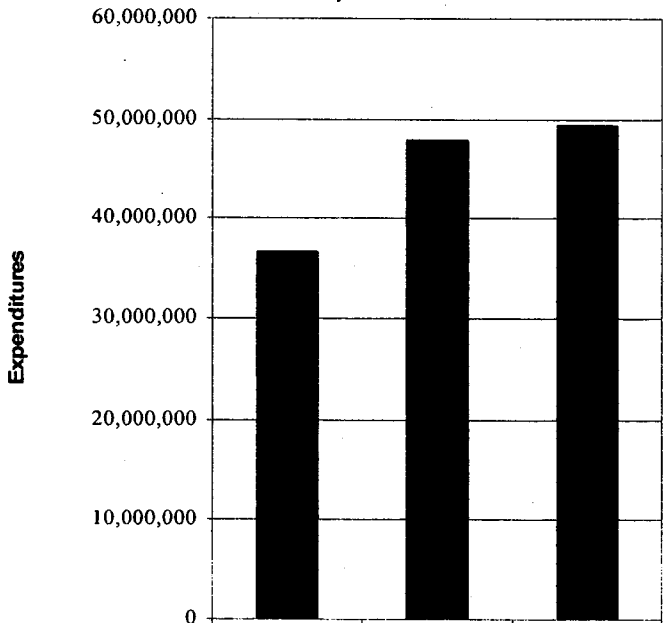
CORRECTIVE ACTION PLANS

Legislative Audit – 2005 Biennium

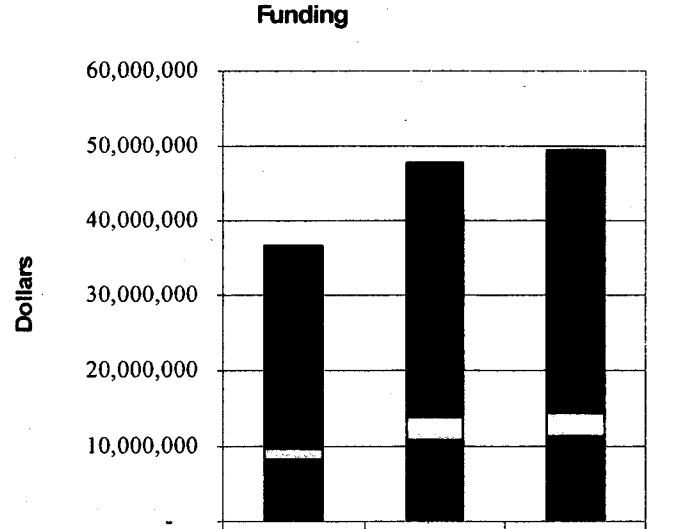
There were no audit recommendations regarding this program.

2009 BIENNIUM BUDGET

The following figures show the proposed HB 2 budget for the 2009 biennium.



	FY 2006	FY 2008	FY 2009
Benefits & Claims	36,624,129	47,887,888	49,397,881



	FY 2006	FY 2008	FY 2009
Federal Special	26,817,454	33,908,294	34,915,767
State/Other Special	1,350,818	3,075,620	3,109,296
General Fund	8,455,857	10,903,974	11,372,818

Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Measurable Objectives for the 2009 Biennium		
Goal	Measurable Objectives	Current Status of Measures
Increase capacity for community-based crisis services. **(Medicaid goal # 2)** **DP 33407**	By 2008, increase the number of Medicaid bed days provided for the delivery of community crisis services by 700 additional inpatient hospital bed days and 3600 non-secure crisis stabilization bed days. By 2008, add 2700 bed days for crisis care for the uninsured population, including MHSP. By 2008, decrease the number of emergency detention and court-ordered detention bed days at the Montana State Hospital by 100 based on utilization in FY2007.	FY2006: AMDD reimbursed for 1,250 Medicaid inpatient hospital bed days and 3500 non-secure crisis FY2006: Inpatient hospital care is not a covered benefit for MHSP beneficiaries. Estimated 1,925 bed days in non-secure crisis stabilization facilities. FY2006: 1,981 bed days for emergency and court ordered detentions at MSH.
Fully utilize funded service slots for intensive community based rehabilitation (ICBR) and program of assertive community treatment (PACT) services, which provide for less restrictive service settings to consumers who would otherwise require nursing home or hospital level of care.	By 2008, identify specific barriers to full utilization of PACT slots. Address access and location of services and evaluate establishing additional program sites. Identify additional ICBR program sites and providers who have an interest in this level of care.	FY2007: funding available for 335 PACT slots – census on December 1, 2006 was 299. FY2007: funding available for 33 ICBR beds – census on December 1, 2006 was 23 due to facility closure and provider decision to under-fill vacancies.
Increase availability of community-based Medicaid services to individuals who otherwise would require nursing facility level of care. **(Medicaid goal # 1)** **DP 33414 and DP 33415**	By 2008, fully utilize total of 105 funded service slots in three areas of Montana for individuals with serious mental illness	FY2007: HCBS waiver approved by CMS in Billings and Butte areas with expansion to Great Falls area in April, 2007.
Continue to foster the use of evidence based mental health practices.	In FY 2008 and 2009, continued maintenance and support of specific services developed and implemented during previous biennium including DBT, ACT, strength-based case management, integrated dual diagnosis screening, assessment, and treatment	"Evidence based practice" is the term applied to the integration of the best research evidence with clinical expertise and patient values. Practices that are considered evidence based have been studied by many people and have been proven effective in multiple settings to generate positive outcomes for adults with serious mental illness.

BUDGET AND POLICY ISSUES

The following budget or policy issues are included in the Governor's Budget:

PL 33401 – Medicaid FMAP Adjustment
PL 33402 – Medicaid Caseload Adjustment
PL 33414 – Annualize HCBS Waiver
NP 33701 – Provider Rate Increase

SIGNIFICANT ISSUES EXPANDED

AMDD will continue to focus on programs and services that are directed toward recovery for individuals with serious mental illness. This is evident in continued development of evidence-based practices, the implementation of the HCBS Waiver, and the development of community-based crisis services. AMDD seeks to expand the capacity for community crisis response through the use of crisis stabilization beds, crisis intervention training for law enforcement officers, crisis response teams, and specialized training in evidence-based and promising practices for providers. Within the continuum of care, AMDD hopes to reduce the use of Montana State Hospital as a psychiatric detention facility and to develop the resources to retain individuals in crisis within the community until a clinically appropriate decision can be made regarding the need for acute psychiatric care.

Please refer to narrative provided in AMDD's information on the Mental Health Services Bureau, the Mental Health Services Plan, and Mental Health Services Other.

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

ADDICTIVE & MENTAL DISORDERS DIVISION
MENTAL HEALTH OTHER SERVICES

CONTACTS

The contacts for information regarding the Mental Health Medicaid Services are:

Title	Name	Phone Number	E-mail address
Division Administrator	Joyce De Cunzo	444-3969	jdecunzo@mt.gov
Bureau Chief	Lou Thompson	444-9318	lothompson@mt.gov
Chief Financial Officer	Bob Mullen (acting)	444-3518	bmullen@mt.gov

WHAT THE PROGRAM DOES

The mental health other services is a collection of community grants that are not Medicaid or Mental Health Services Plan (MHSP). Traditionally this program has funded federally required nursing home required reviews - Pre-Admission Screening and Resident Review (PASRR) and the Pathways for Assistance in Transition from Homelessness (PATH) which is designed to assist homeless individuals with mental illness to access shelter, food, and treatment.

In the 2009 biennium, the department seeks to substantially augment community crisis services with the request for funds to provide 72-hour crisis services for uninsured adults, to develop a statewide system of psychiatric support using the existing telemedicine network, and to provide additional community support services.

STATUTORY AUTHORITY

TITLE 53. SOCIAL SERVICES AND INSTITUTIONS

CHAPTER 21. MENTALLY ILL

P.L. 102-321, CFR

HOW SERVICES ARE PROVIDED

PATH services are provided through distribution of federal funds in contracts with licensed mental health centers across the state. Services for individuals who have serious mental illness and who are homeless include outreach, case management, and referral for screening and diagnostic treatment services, habilitation and rehabilitation services, community mental health and alcohol or drug services. In FY2005, 738 individuals were enrolled in PATH. Many received assistance in applying for housing and in accessing primary health care.

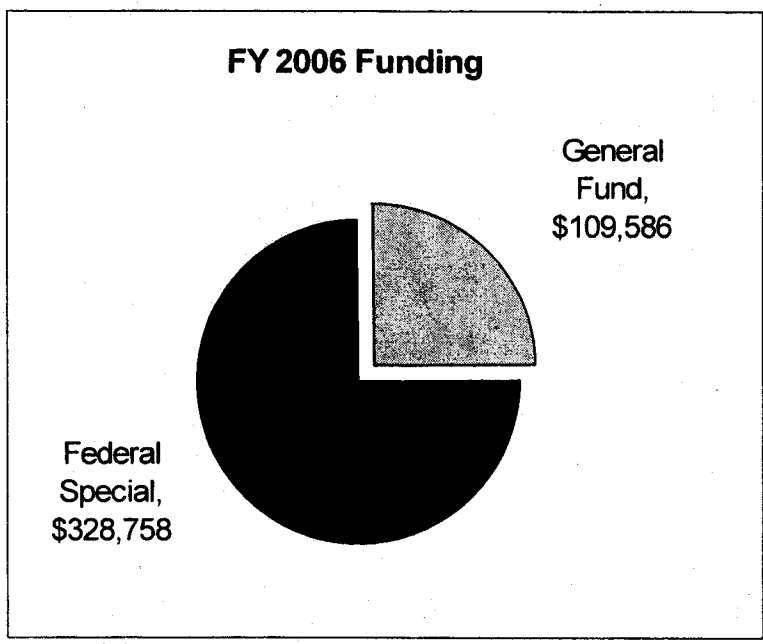
PASRR screening is provided through contracts with licensed mental health centers to assess an individual's need for inpatient psychiatric care when a request has been made for a nursing home placement.

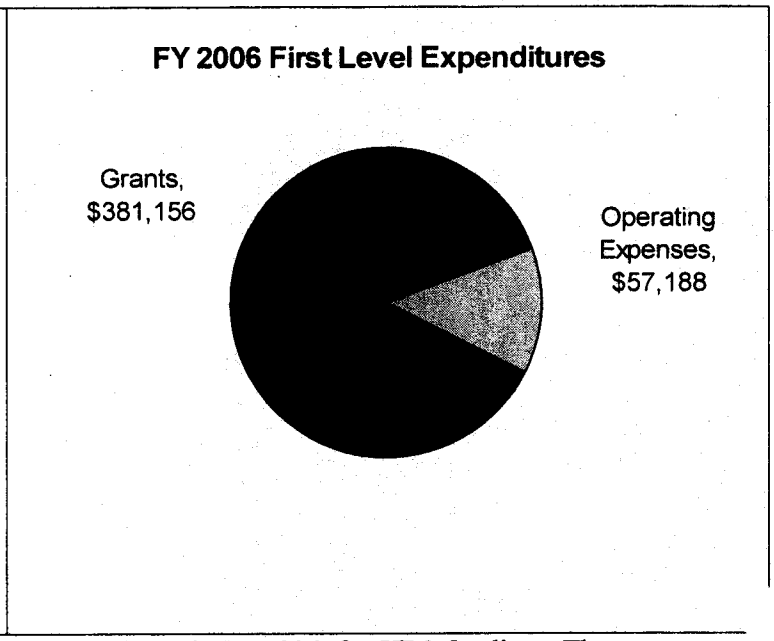
The expansion services that are requested for the 2009 biennium are intended to provide short-term stabilization close to the individual's home, family, and community supports as an alternative to transport and stabilization at Montana State Hospital.

Spending and Funding Information

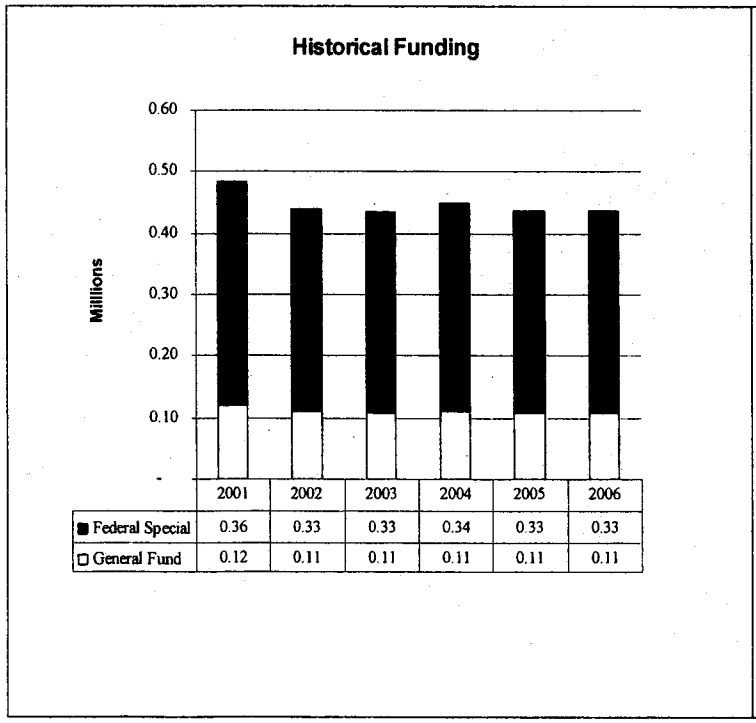
The following figures show funding and expenditure information for FY 2006 for all sources of funding of the Mental Health Other services. Because the figures include all sources of funding there are no direct relationships between these figures and appropriation levels presented in the Budget Analysis for the 2007 Biennium.

The 2006 base presented is amended from the MBARS version to more fairly represent the comparative intent of the charts. An error in rollups of these reporting levels understated Mental Health Administration (6901-33-01-01) and overstated Mental Health Other Services (6901-33-01-04). A worksheet showing the changes to the represented base of each reporting level is attached.

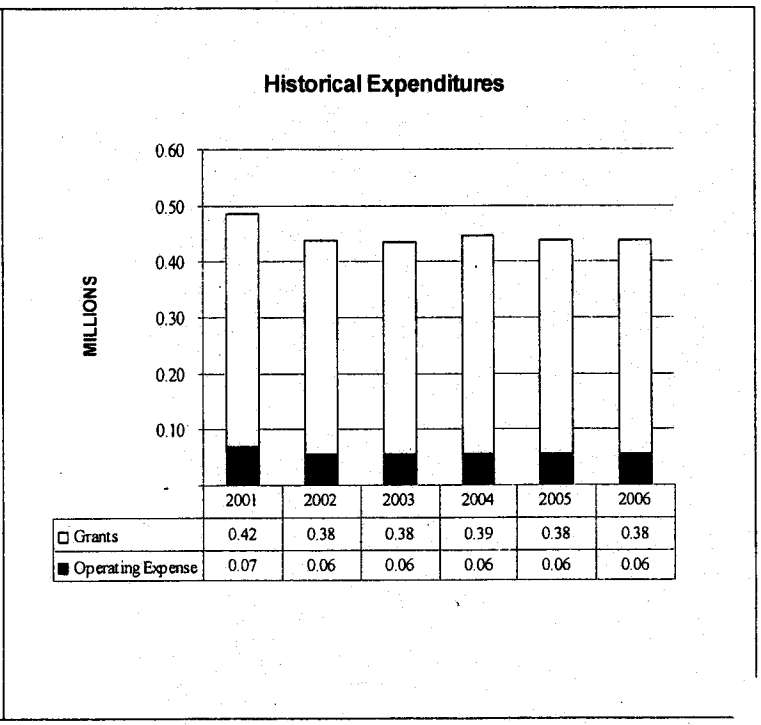




The following figures show funding and expenditures from FY 2001 through FY 2006, for HB2 funding. There were no administrative appropriations.



	2001	2002	2003	2004	2005	2006
Federal Special	0.36	0.33	0.33	0.34	0.33	0.33
General Fund	0.12	0.11	0.11	0.11	0.11	0.11



	2001	2002	2003	2004	2005	2006
Grants	0.42	0.38	0.38	0.39	0.38	0.38
Operating Expense	0.07	0.06	0.06	0.06	0.06	0.06

2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

Program Expansion

There were no program expansions or major policy changes from the 2005 legislative session.

FTE

There is no staffing associated with this reporting level or program.

2007 Biennium FTE Hire Dates	FTE	Date
NONE		

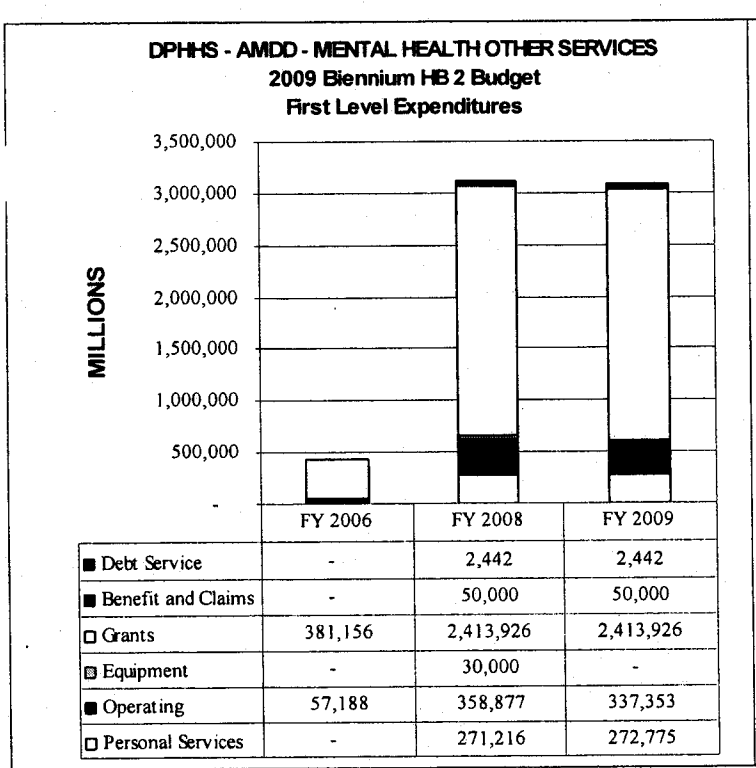
CORRECTIVE ACTION PLANS

Legislative Audit – 2005 Biennium

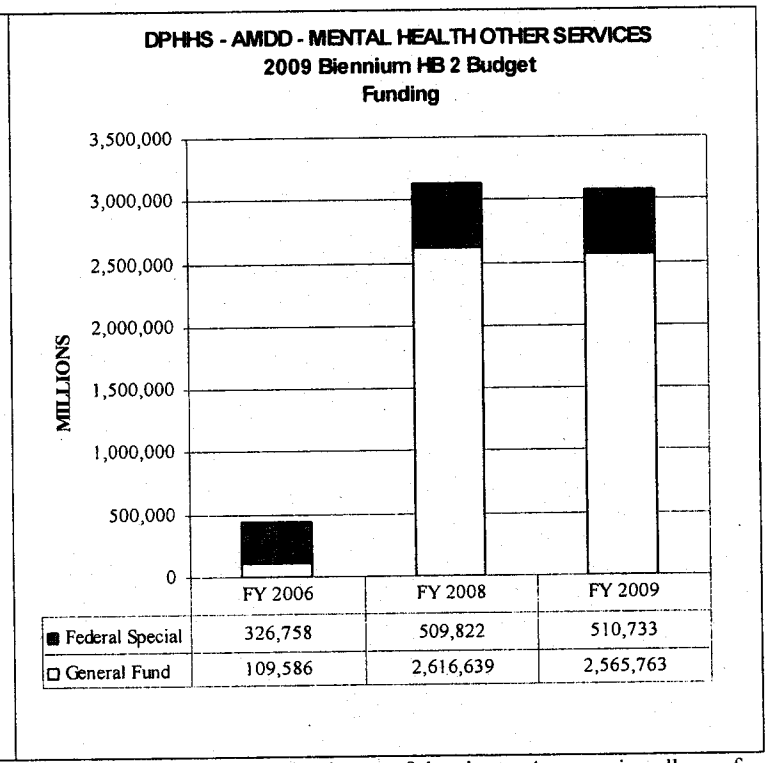
There were no audit recommendations regarding this program.

2009 BIENNIUM BUDGET

The following figures show the proposed HB 2 budget for the 2009 biennium.



	FY 2006	FY 2008	FY 2009
Debt Service	-	2,442	2,442
Benefit and Claims	-	50,000	50,000
Grants	381,156	2,413,926	2,413,926
Equipment	-	30,000	-
Operating	57,188	358,877	337,353
Personal Services	-	271,216	272,775



	FY 2006	FY 2008	FY 2009
Federal Special	326,758	509,822	510,733
General Fund	109,586	2,616,639	2,565,763

The 2006 base presented is amended from the MBARS version to more fairly represent the comparative intent of the charts. An error in rollups of these reporting levels understated Mental Health Administration (6901-33-01-01) and overstated Mental Health Other Services (6901-33-01-04). A worksheet showing the changes to the represented base of each reporting level is attached

Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Measurable Objectives for the 2009 Biennium		
Goal	Measurable Objectives	Current Status of Measures
Provide 72 –hour presumptive eligibility and payment for crisis stabilization services in community settings. **(Medicaid goal # 2)** **DP 33407**	By 2008, determine appropriate location(s) for community crisis services for uninsured population including development of RFP and awarding of contracts for phased-in implementation. By 2008, add 2700 community-based crisis bed days for uninsured individuals. By 2008, reduce the number of emergency detention and court-ordered detention bed days at the Montana State Hospital by 100 based on utilization in FY2007.	FY2007: no contracts or funds available for payment of these. FY2006: 1,982 bed days for emergency and court-ordered detentions. FY2006: 1,982 bed days for emergency and court-ordered detentions.
Enhance use of telemedicine services to increase availability of mental health professionals on a 24/7 basis. **(Medicaid goal # 2)** **DP 33407**	By 2008, develop RFP and award contract(s) that will expand the availability of psychiatric consultation over the existing telemedicine network. Provide brief stabilization services at the community level with 24/7 psychiatric support using existing telemedicine network.	FY2006: about 40% of individuals g several networks that are available, but 24/7 psychiatric professional support is not available. FY2007: telemedicine used extensively in eastern Montana using several networks that are available, but 24/7 psychiatric professional support is not available.
Provide support funding for patients leaving Montana State Hospital to assure appropriate and timely discharge and to safeguard stability of re-entry to community setting.. **DP 33410**	By 2008, provide patients discharged from MSH with a limited supply of prescription medications and funding for community living expenses for a limited amount of time. Outcomes measured by the number of patients who have accessed funding and the reduction in the number of days required to discharge a patient following determination of readiness for discharge; reduction in re-admission rates.	FT2007: AMDD provided this support for a handful of discharged consumers as a pilot project. Funding included assistance with food, housing and services until other benefits were in place.
Increase community support to patients discharged from MSH to meet the recommendations of the hospital discharge plan and re-integration to the community. **DP 33410**	Develop ten half-time FTE in the community to facilitate transition from MSH to community. Recruitment by May 2007 and hiring by July 2007. Outcomes will be measured by the number of patients who receive support services from a community liaison officer; reduction in re-admission rates.	FY2007: Anecdotal evidence indicates failed community placements resulting in re-30 and 60 day periods will be tracked to determine if this service has impacted these rates. FY2008/09: Re-admissions to MSH within 30 and 60 day periods will be tracked to determine if this service has impacted these rates.
Create an organized consumer base with the skills for meaningful participation in program planning by developing the infrastructure for the implementation of peer support services . **DP 33410**	By 2008, provide Leadership Academy for thirty consumers each fiscal year. In FY2008 and 2009, provide Wellness Recovery Action Plans (WRAP) training for up to 60 consumers each fiscal year.	FY2007: Leadership Academy not available FY2007: limited WRAP training provided through Community Crisis grants; certified WRAP trainers expanded from one to seven

Measurable Objectives for the 2009 Biennium		
Goal	Measurable Objectives	Current Status of Measures
Develop strategies for development of a stable behavioral services workforce. **DP 33410**	By January, 2008, contract with WICHE to provide study of workforce needs and make recommendations for strategies to improve workforce. By FY2009, have final plan document that includes specific action steps for improving workforce.	FY2007: data specific to Montana's behavioral services workforce not available.

BUDGET AND POLICY ISSUES

The following budget or policy issues are included in the Governor's Budget:

NP 33407 – Fund 72 hour Community Crisis Support
NP 33410 – Mental Health Community Services Development (5.0 FTE)

- Discharge support funding and medications for patients discharged from MSH
- Community Liaison Officers
- Develop peer support implementation plan
- Workforce development and retention study

SIGNIFICANT ISSUES EXPANDED

72-Hour Presumptive Eligibility - Individuals in a psychiatric crisis are often transferred to Montana State Hospital when facilities lack the skills and expertise to provide stabilization services. A review of admission data from the State Hospital indicates that approximately 40% of the individuals admitted under an emergency or court-ordered detention do not require high-end care after a brief stabilization period. This proposal provides funding for brief stabilization services to be provided in the community with clinical support provided by contractor(s). The goal of this proposal is to provide short-term stabilization close to the individual's home, family, and community supports as an alternative to transport and stabilization at the Montana State Hospital.

Development of Community Crisis Services - Timely discharge from the Montana State Hospital can be delayed when a patient does not have the personal financial assets to access appropriate housing, medication, or other community resources. This time-limited funding can be used to bridge the gap between discharge and initiation of benefits. Continuation of medications following discharge from Montana State Hospital is a key component of successful community reintegration. Providing patients at Montana State Hospital with a limited supply of prescription medications at time of discharge will support compliance until the patient has the opportunity to fill the prescription at a community pharmacy. A limited supply of medications benefits patients, families, and aftercare service providers. There is a need for focused re-entry support services for individuals discharged from Montana State Hospital to support a successful community placement. Liaison officers will provide support to assure that consumers are able to get to referred services and provide assistance in accessing needed community services. It is anticipated that these ten half-time positions will be filled with primary consumers who can provide a unique perspective on recovery and community reintegration.

Changing the mental health system to be more responsive to consumer needs requires the participation of consumers at all levels of planning and program development. In order to strategically plan for the development and implementation of peer services, an organized consumer base must be formed. This proposal will provide funding for appropriate training and skill development for consumers and family members. The ongoing challenges of recruitment and retention of trained personnel to work in the behavioral health field is evident across the state at all

levels of skill and expertise. This proposal will provide an opportunity for representatives from across the state to meet to collaborate on quantifiable goals for workforce development in Montana.

AMDD cautions against setting high expectations with the implementation of these program changes. Montana State Hospital and Montana Chemical Dependency Center are an integral part of the continuum of care that is available to persons with serious mental illness and co-occurring substance use disorders. Improvements in community-based resources will not eliminate the need for high-end facility care. It is expected that utilization will be impacted, but AMDD recognizes that persons with behavioral illnesses may, at any given time, require acute inpatient care, and the appropriate level may be one of the state's facilities. The anticipated outcome of these proposals is that the high level of care will be required less often, and that lengths of stay will be reduced.

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

ADDICTIVE & MENTAL DISORDERS DIVISION
MONTANA STATE HOSPITAL

CONTACTS

The contacts for information regarding the Montana State Hospital are:

Title	Name	Phone Number	E-mail address
AMDD Division Administrator	Joyce De Cunzo	444-3969	jdecunzo@mt.gov
Chief Executive Officer	Ed Amberg	693-7010	eamberg@mt.gov
Chief Financial Officer	Bob Mullen (acting)	444-3518	bmullen@mt.gov

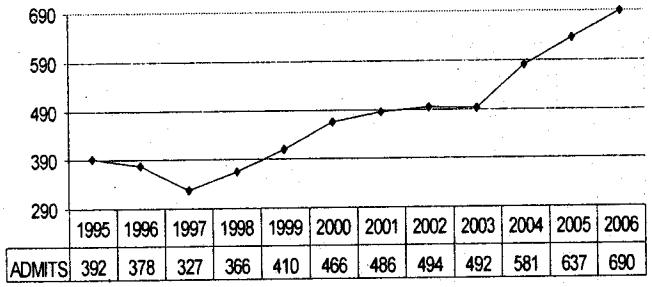
WHAT THE PROGRAM DOES

The **Montana State Hospital** (MSH) is the only state-operated inpatient psychiatric hospital. The MSH provides treatment services to people admitted under civil procedures and criminal procedures. State law limits services to adults, eighteen (18) years of age or older. Voluntary admission procedures are allowed in accordance with procedures set forth in statute and administrative rules.

Montana State Hospital
SFY 2006 Admission Types

Admit Type	Number	%
Emergency Detention	267	39%
Court Ordered Detention	147	23%
Involuntary	191	28%
Voluntary	1	0%
Institutional Transfer	1	0%
Indian Health Services Involuntary	16	2%
Court Ordered Evaluations	11	2%
Unfit To Proceed	32	5%
Guilty but Mentally Ill	22	3%
Not Guilty by Reason of Mental Illness	2	0%
	690	100%

Montana State Hospital
Historical Admissions
SFY 1995 - SFY2006



State Fiscal Year

Statutory Authority

TITLE 46. CRIMINAL PROCEDURE

TITLE 53. SOCIAL SERVICES AND INSTITUTIONS

CHAPTER 21. MENTALLY ILL, Part 6. Montana State Hospital

P.L. 102-321, CFR

HOW SERVICES ARE PROVIDED

Montana State Hospital provides inpatient psychiatric services on eight (8) patient treatment units with 369.80 FTE. Five units are licensed under standards for psychiatric hospitals; the other three are residential units. Each unit offers a specialized treatment program targeting certain segments of the patient population. For instance, the legal issues (forensic)

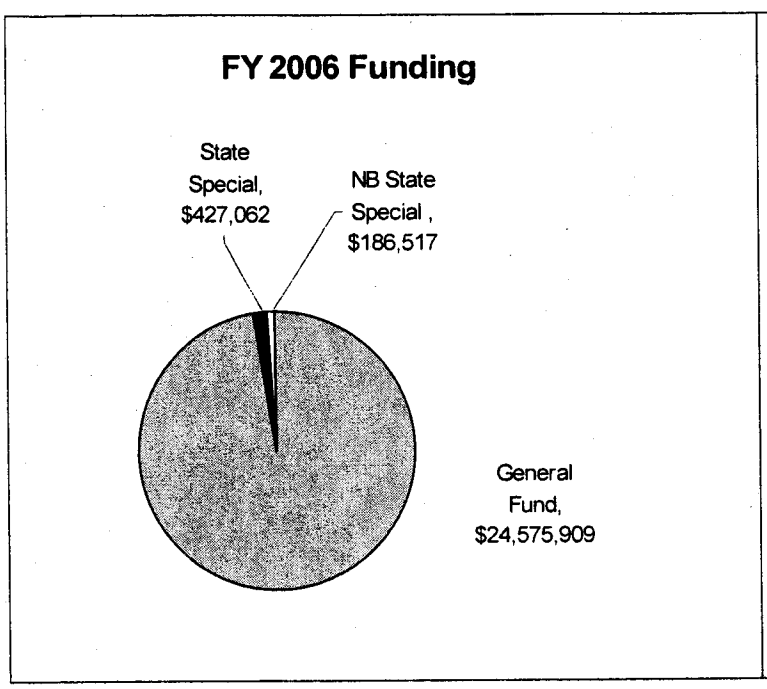
treatment program provides services for people involved in the criminal justice system. Each unit is staffed with a treatment team comprised of a psychiatrist, psychologists, social workers, psychiatric nurses; rehabilitation therapists and others who work with the patient and members of the patient's family to meet treatment objectives specified in the patient's treatment plan. Treatment services are coordinated with mental health and other service providers in the community in order to help meet patient needs upon discharge. The Hospital has an average (median) length of stay of 44 days for patients admitted under civil commitments, and 450 days for patients admitted on forensic (criminal) commitments. There is great variation for each category. The Hospital also has medical records, fiscal, maintenance, dietary, housekeeping, and human resources departments to provide services that support patient care and treatment. The Hospital had an average daily census in of 199 patients in FY 2006.

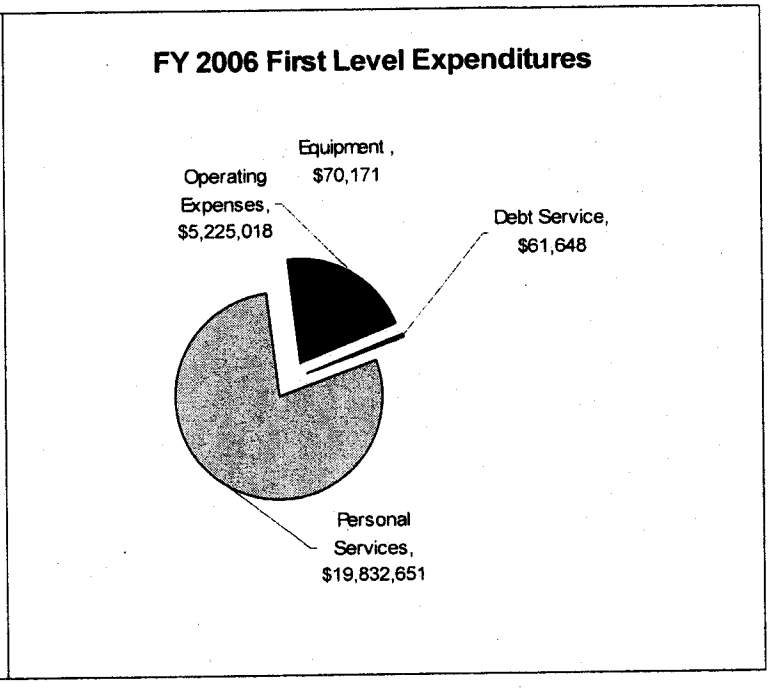
The Hospital shares the Warm Springs Campus with three programs operated by the Montana Department of Corrections: WATCh; Connections; and START. The hospital provides maintenance services for the facilities in which these programs are located.

Four units of Montana State Hospital are certified under federal standards for participation in the federal Medicare and Medicaid Programs. The Hospital's forensic unit and the residential units are not. This certification allows the state to collect reimbursement for eligible patients from these programs. Reimbursement is limited due to federal regulations applying to "institutes for mental disease" (IMD exclusion).

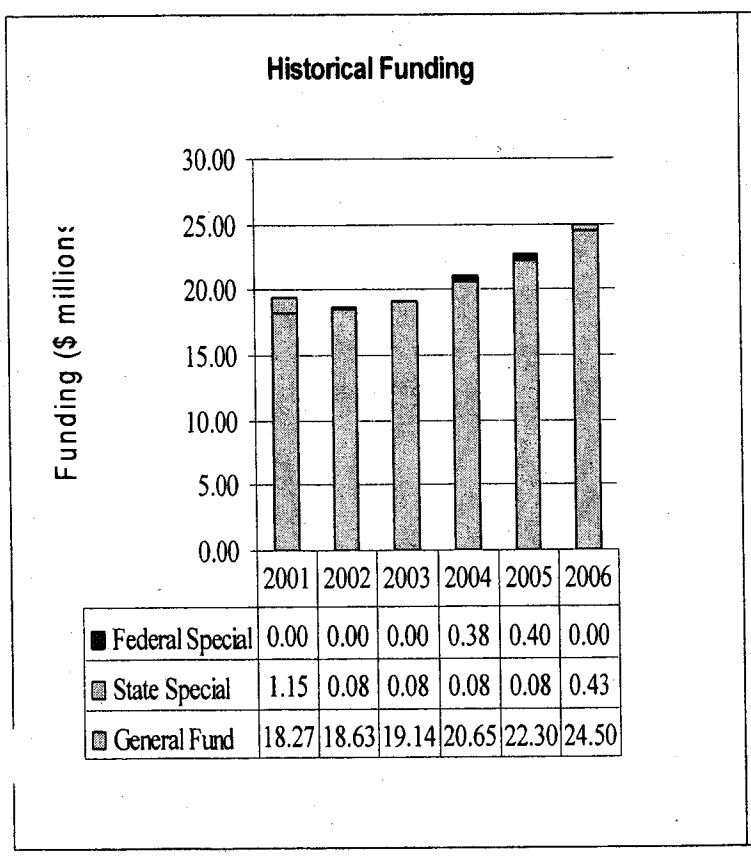
Spending and Funding Information

The following figures show funding and expenditure information for FY 2006 for all sources of funding of the Montana State Hospital. Because the figures include all sources of funding there are no direct relationships between these figures and appropriation levels presented in the Budget Analysis for the 2007 Biennium.

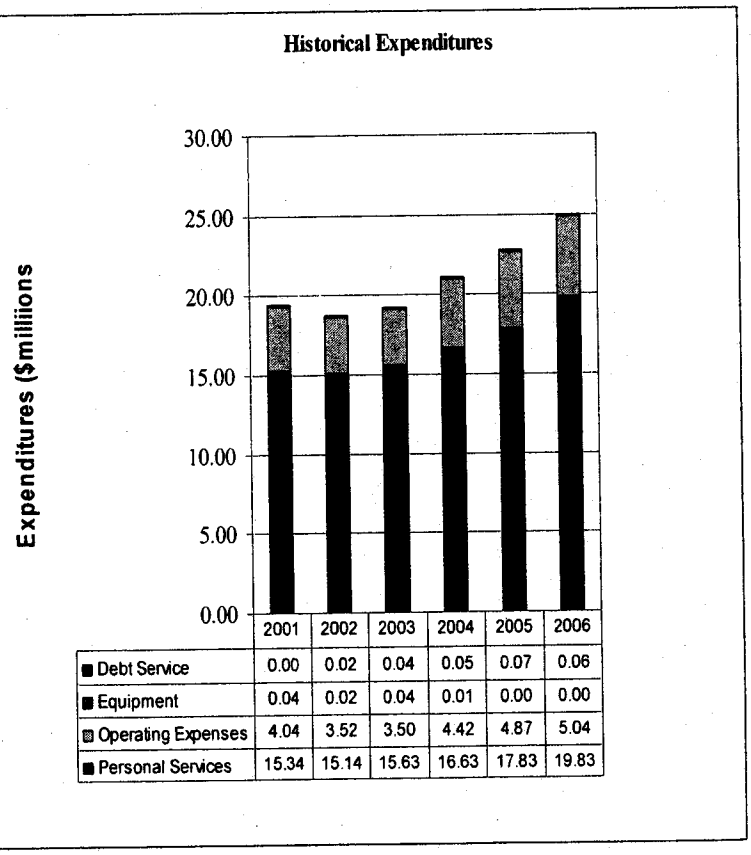




The following figures show funding and expenditures from FY 2001 through FY 2006, for HB2 funding. There were no administrative appropriations.



	2001	2002	2003	2004	2005	2006
Federal Special	0.00	0.00	0.00	0.38	0.40	0.00
State Special	1.15	0.08	0.08	0.08	0.08	0.43
General Fund	18.27	18.63	19.14	20.65	22.30	24.50



	2001	2002	2003	2004	2005	2006
Debt Service	0.00	0.02	0.04	0.05	0.07	0.06
Equipment	0.04	0.02	0.04	0.01	0.00	0.00
Operating Expenses	4.04	3.52	3.50	4.42	4.87	5.04
Personal Services	15.34	15.14	15.63	16.63	17.83	19.83

2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

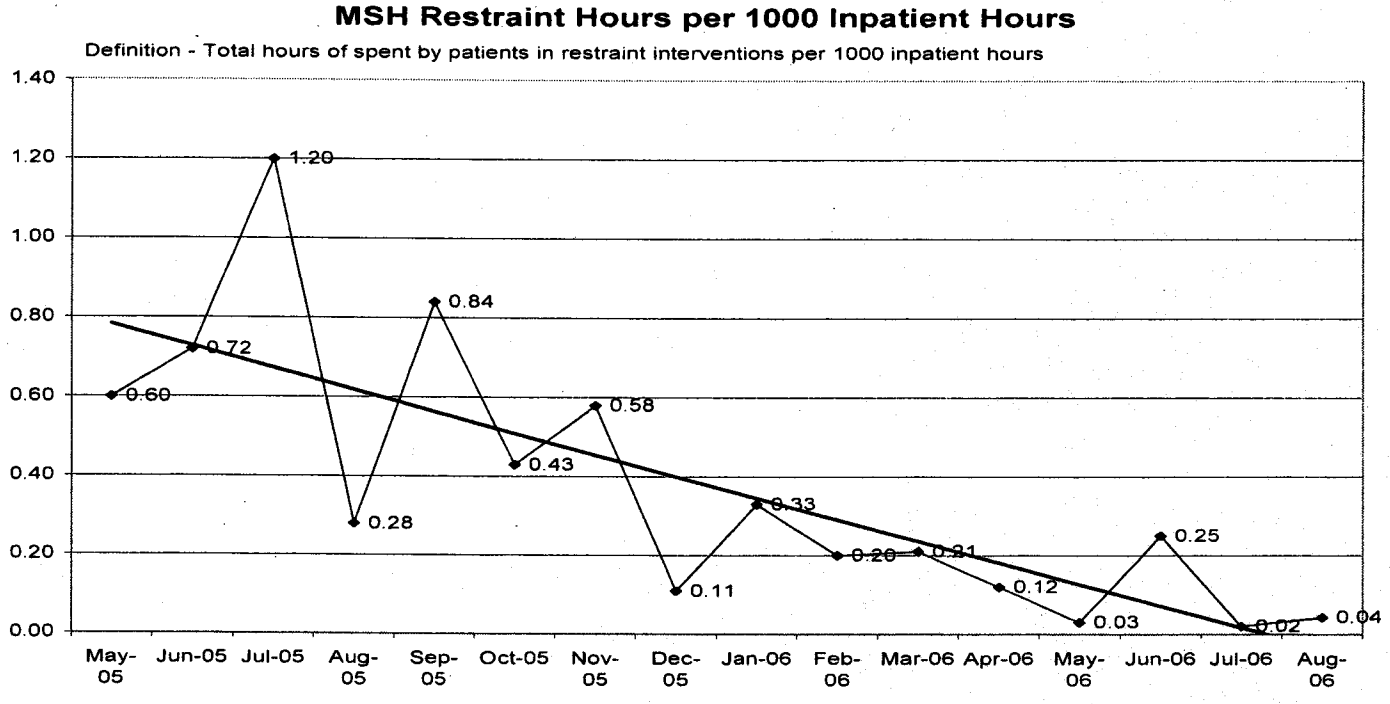
Program Expansion

DP 86 – Staff Training to Reduce Violence and Improve Communication

The 2005 Legislature approved $70,000 in general fund ($35,000/year) for state hospital staff training in response to new federal initiatives that call for reducing and eventually eliminating the use of restraint and seclusion interventions. The intention of this funding is to provide training and consultation necessary to help MSH staff develop skills to provide alternative intervention strategies.

This money was used send supervisory employees to crisis intervention training so they would better be able to train and direct staff who respond to emergency situations. This training was provided by David Mandt and Associates and was provided in Billings and Missoula. This training also included use of appropriate communication and verbal de-escalation procedures.

The Hospital also made arrangements with National Technical Assistance Center of the National Association of State Mental Health Program Directors in Washington DC. A team of consultants made two visits to Montana State Hospital and a third is under consideration. In addition this organization has provided other assistance via telephone and e-mail communications. This training, which has been very helpful, has focused on implementing best practice approaches for reducing violence on inpatient units; changing national standards to reduce the use of seclusion and restraint procedures; and implanting "trauma-informed care" for staff in mental health facilities. The Hospital has seen excellent results from this initiative as indicated in the graph below:



FTE

Additional MSH staffing was not requested for the 2007 biennium during the 2005 legislative session. 36.6 modified FTE were added in SFY 2006 due to increased census. The additional FTE bring the facility staffing plan to the necessary level to have an average daily census of 190. The modified FTE are requested to continue for the 2009 biennium.

2007 Biennium FTE Hire Dates	FTE	Date
NONE		

CORRECTIVE ACTION PLANS

Legislative Audit – 2005 Biennium

The Montana State Hospital did not have audit recommendations resulting from the legislative and federal audit of the 2005 biennium.

State and Federal Licensure/Certification Surveys

As a licensed Healthcare facility and a participant in the Medicare and Medicaid Programs, the hospital must meet detailed standards for patient care and construction and maintenance of the facility. These standards apply to all licensed and certified psychiatric hospitals.

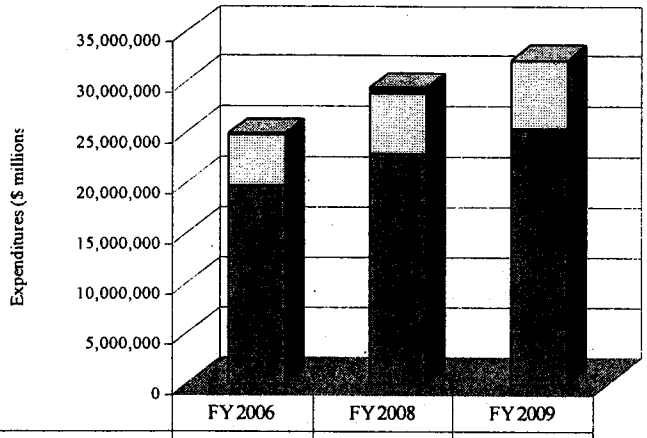
State and Federal Surveyors collaborate in survey processes. Results of survey findings are available. During this biennium, the hospital did receive critical surveys that required, in some cases, significant corrective action. Surveys involved many recommendations, but, significant recurring issues involved the use of seclusion and restraint and active treatment of patients. Surveys conducted were:

State Survey for Patient Care (MAP referral)	December 2005
Combined State and Federal Survey of Patient Care	April and August 2006
Fire and Life Safety Survey by State Surveyors	May, August and September 2006
State Survey of Patient Care (MAP referral)	August and September 2006

2009 BIENNIUM BUDGET

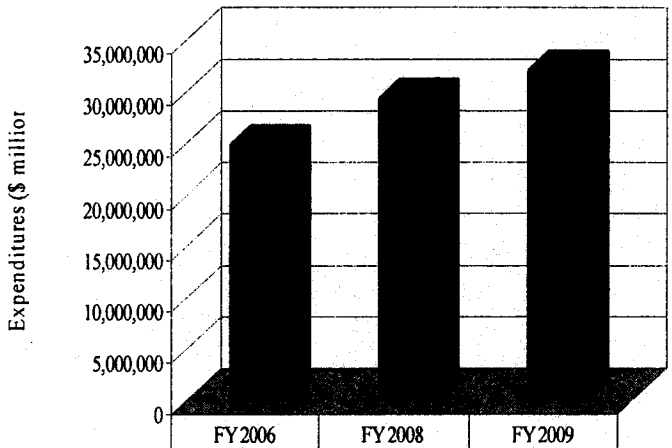
The following figures show the proposed HB 2 budget for the 2009 biennium.

DPHHS - AMDD - Montana State Hospital
2009 Biennium HB 2 Budget
First Level Expenditures



	FY2006	FY2008	FY2009
Debt Service	61,648	61,648	127,648
Capital Outlay	0	450,000	0
Operating Expenses	5,038,507	5,989,094	6,591,677
Personal Services	19,832,681	22,942,085	25,484,703

DPHHS - AMDD - Montana State Hospital
2009 Biennium HB 2 Budget
Funding



	FY2006	FY2008	FY2009
State/Other Special	427,063	435,101	75,000
General Fund	24,505,773	29,007,726	32,129,028

Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Measurable Objectives for the 2009 Biennium		
Goal	Measurable Objectives	Current Status of Measures
Improve inpatient treatment outcomes that enable sustainable recovery in communities. **(Medicaid goal # 3)**	By 2009, increase evening and weekend treatment activities by 20% from the level provided in SFY 2005.	MSH is currently collecting baseline data on the amount of active treatment activities offered. This will be used to identify gaps for below the national average.
	By 2009, maintain the number of restraint and seclusion events at or below the national average.	MSH is gathering baseline data and developing definitions for use in making accurate comparisons.
	By 2009, reduce the incidents of violence against staff and other patients by 10% per year.	MSH is gathering baseline data and developing definitions for use in making accurate comparisons.

Measurable Objectives for the 2009 Biennium		
Goal	Measurable Objectives	Current Status of Measures
Develop consistent and enhanced treatment methods for criminally convicted individuals with mental illness, in collaboration with the Department of Corrections. **(Medicaid goal # 3)** **DP 33506**	By 2009, provide improved secure treatment programming for 60 forensics patients at MSH and 60 inmates with mental illness from Department of Corrections facilities in a secure setting on the MSH campus (Secure Treatment and Evaluation Program [STEP]).	FY2007: MSH does not have sufficient secure beds to treat it's forensics patients (32 bed unit, 60+ forensics patients) and DOC does not have sufficient resources to treat inmates with mental illness and substance use disorders.
Reduce client and staff injury rates and reduce the cost of workers' compensation insurance.	By 2009, design and implement policies and practices that reduce staff and patient non-violent injuries and decrease the number of lost work days due to injury by 10%.	Objective has been referred to the MSH Safety Officer and Safety Committee for development of a plan and action. 2006 workers' compensation premium = $1,846,532. Lost days of work due to staff injury: FY2004: 689 FY2005: 1361 FY2006: 301
Increase accuracy and efficiency of recording medical information and increase reporting capability for planning purposes.	By 2009, fully utilize the Totally Integrated Electronic Record (TIER) software for treatment planning, recording of progress notes, and provision of active treatment programming at Montana State Hospital.	FY2007: Some treatment units are using the treatment plan component and developing reports indicating the level of treatment provided to individual patients.

BUDGET AND POLICY ISSUES

The following budget or policy issues are included in the Governor's Budget.

PL 33501 – MSH Overtime, Differential, Holiday Pay and Aggregate FTE Funding
PL 33502 – MSH Present Law Adjustments
PL 33503 – MSH 36.60 Modified FTE
NP 35006 – Secure Treatment and Evaluation Program (STEP)

SIGNIFICANT ISSUES EXPANDED

The 36.60 FTE requested in the 2009 Biennium are critical to bring the staffing plan to a level to serve an average daily census of 190 individuals which is essentially the same as the licensed capacity of the facility. In addition, federal and state surveyors have recommended significant active treatment changes that require changes in the budgeted staffing levels at the Montana State Hospital.

The Secure Treatment and Evaluation Program (STEP) is a significant issue for the 2009 Biennium and beyond. It will provide substantial change to the treatment program of the Department of Corrections and provide additional bed space for the Montana State Hospital. The additional bed space will enable the Montana State Hospital to move the appropriate forensic population to the Xanthopolis Building. The civil commitment population would, in turn, have adequate space in the original hospital buildings without needing to place patients in unlicensed settings on the campus.

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

ADDICTIVE & MENTAL DISORDERS DIVISION
MONTANA MENTAL HEALTH NURSING CARE CENTER

CONTACTS

The contacts for information regarding the Montana Mental Health Nursing Care Center are:

Title	Name	Phone Number	E-mail address
Division Administrator	Joyce De Cunzo	444-3969	jdecunzo@mt.gov
MMHNCC Superintendent	Glenda Oldenburg	538-7451	goldenburg@mt.gov
Chief Financial Officer	Bob Mullen (acting)	444-3518	bmullen@mt.gov

WHAT THE PROGRAM DOES

The **Montana Mental Health Nursing Care Center** (MMHNCC) located at Lewistown is the only state-operated nursing care facility for individuals with mental disorders. The MMHNCC provides long-term care and treatment to persons that require a level of care not available in communities or will not benefit from intensive psychiatric treatment available at other settings, including the Montana State Hospital. The facility provides excellent care and was recently cited in Consumer Report as one of the outstanding nursing care facilities in the state.

STATUTORY AUTHORITY

TITLE 53. SOCIAL SERVICES AND INSTITUTIONS

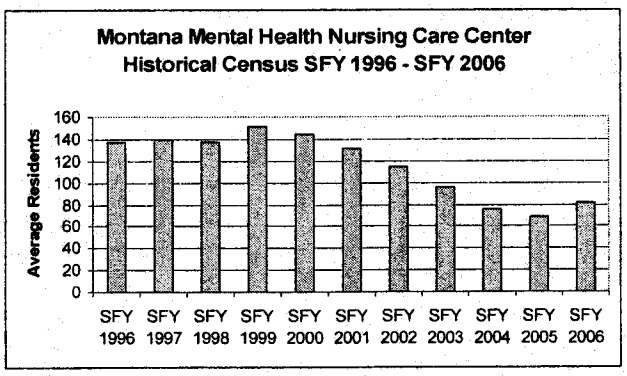
CHAPTER 21. MENTALLY ILL

Part 4. Montana Mental Health Nursing Care Center

P.L. 102-321, CFR

HOW SERVICES ARE PROVIDED

The MMHNCC is organized into a medical unit, nursing services and facility operations. The facility has 122.70 FTE.



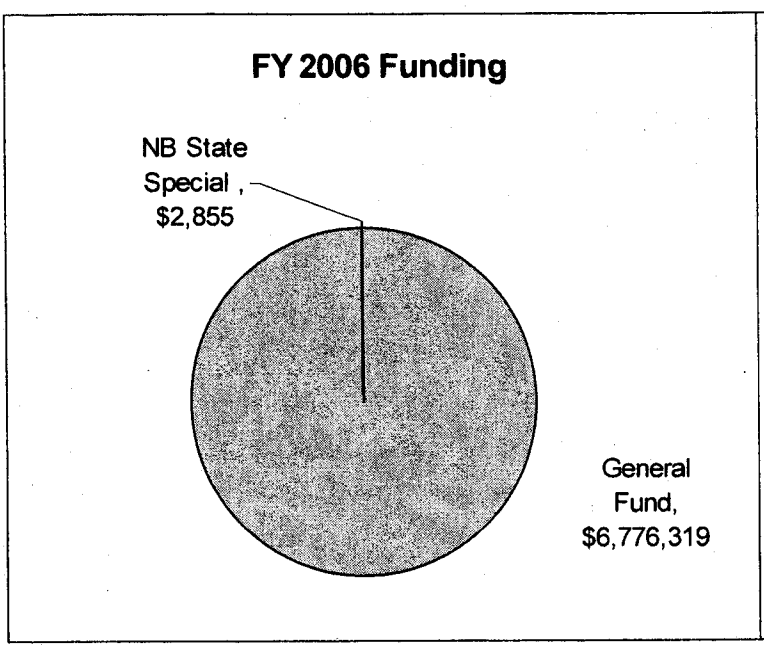
Medical services are contracted or billed to the facility by individual physicians. The Medical Director is present in the building twice a month and available as needed by phone. The facility contracts for a psychiatrist that travels twice monthly from Billings. A podiatrist makes rounds monthly and bills directly. A psychologist comes from Billings every other month and reviews behavior plans and performs testing as needed. Other medical professionals (optometrists, dentists, etc.) see patients as needed and bill directly. The center also contracts for physical therapy, occupational therapy and speech therapy.

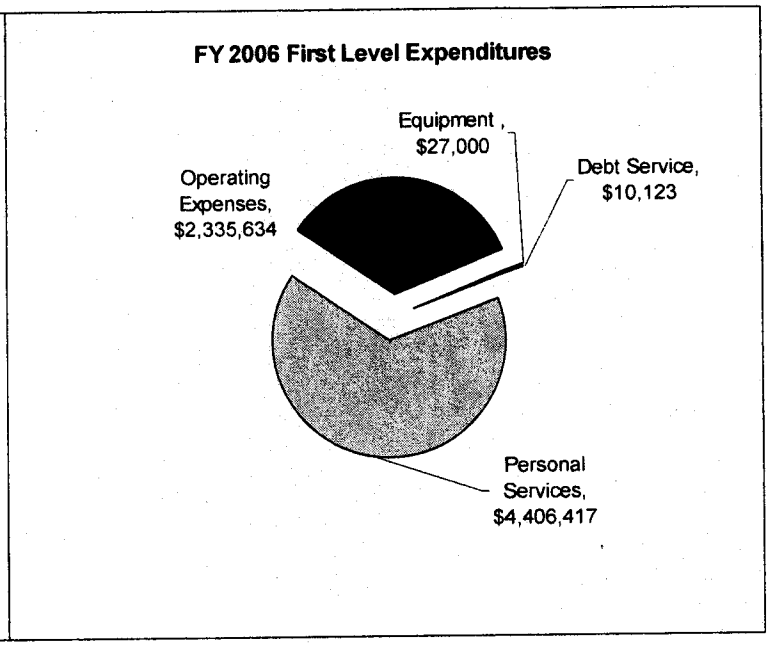
Nursing services are provided 24 hours per day, 7 days per week on four units (dementia, secure, heavy care and ambulatory). Recreation aides provide activities 7 days a week. Social services and medical records are provided 5 days a week. Mental health professional and legal services are contracted for commitments and guardianship hearings.

Facility operations require housekeeping, maintenance, laundry, and food services 7 days a week. Business office, personnel, and purchasing are available 5 days a week. Cosmotology services are available one day a week.

Spending and Funding Information

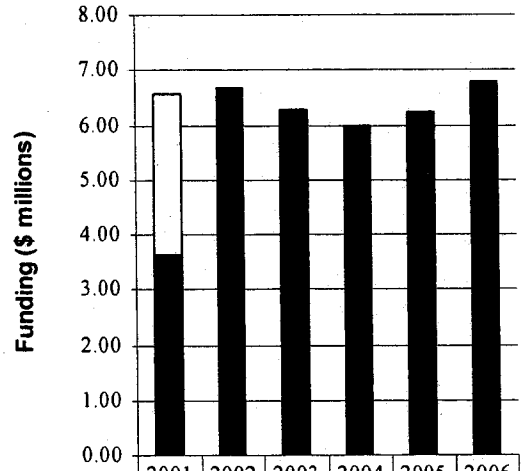
The following figures show funding and expenditure information for FY 2006 for all sources of funding of the Montana Mental Health Nursing Care Center. Because the figures include all sources of funding there are no direct relationships between these figures and appropriation levels presented in the Budget Analysis for the 2007 Biennium.





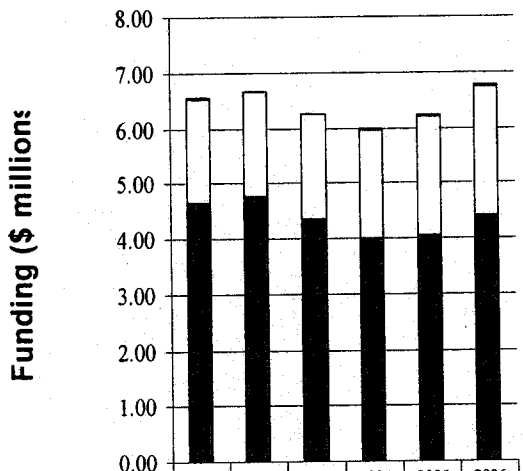
The following figures show funding and expenditures from FY 2001 through FY 2006, for HB2 funding. There were no administrative appropriations.

Historical Funding



	2001	2002	2003	2004	2005	2006
Non-Budgeted	0.00	0.00	0.01	0.01	0.00	0.00
Federal Special	0.00	0.00	0.00	0.11	0.11	0.00
State Special	2.92	0.00	0.00	0.00	0.00	0.00
General Fund	3.64	6.68	6.26	5.88	6.12	6.78

Historical Expenditures



	2001	2002	2003	2004	2005	2006
Debt Service	0.00	0.00	0.00	0.01	0.01	0.01
Equipment	0.03	0.01	0.03	0.03	0.03	0.03
Operating Expenses	1.88	1.91	1.89	1.96	2.14	2.34
Personal Services	4.65	4.76	4.36	3.99	4.05	4.41

2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

Program Expansion

There were no program expansion or major policy changes from the 2005 legislative session. There were no administrative appropriations with this program.

FTE

Additional MMHNCC staffing was not requested for the 2007 biennium during the 2005 legislative session.

2007 Biennium FTE Hire Dates	FTE	Date
NONE		

CORRECTIVE ACTION PLANS

Legislative Audit – 2005 Biennium

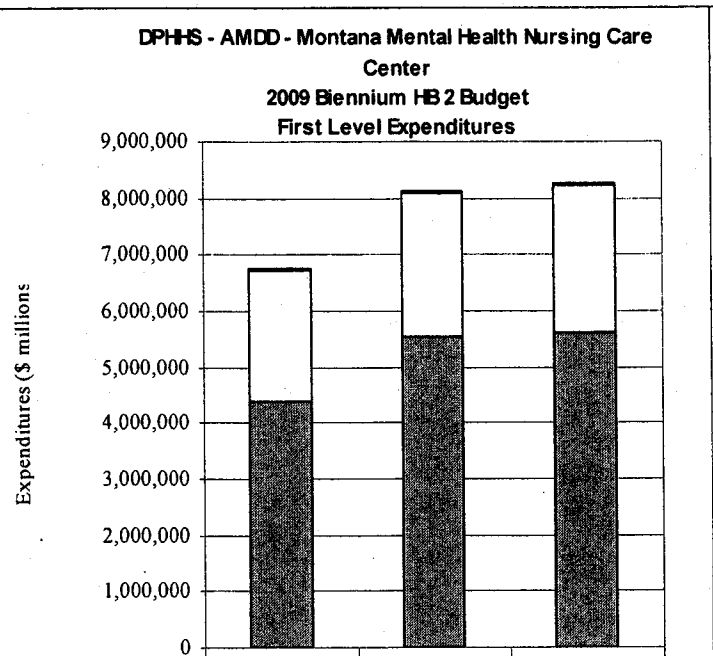
The Montana Mental Health Nursing Care Center did not have audit recommendations resulting from the legislative and federal audit of the 2005 biennium.

Quality Assurance Survey

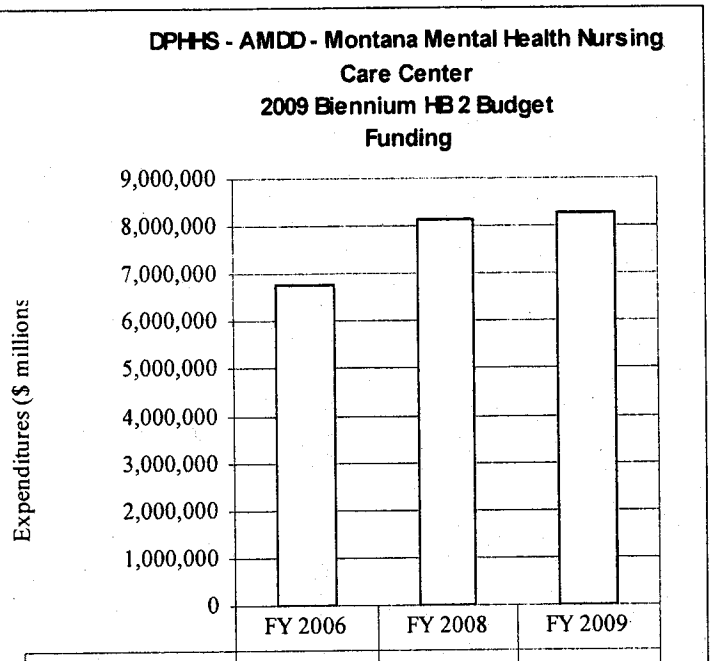
A survey was conducted by the Quality Assurance Division on November 2, 2006 to ensure substantial compliance with Medicaid regulations. The survey cited (1) a deficiency for comprehensive care plans and 2) an accident deficiency due to adequate supervision to prevent a resident from leaving the building and grounds unattended. In this particular incident, the patient tripped and injured his toe while away from the grounds. This latter deficiency resulted in a rating by the Denver Center for Medicare and Medicaid Services (CMS) that the facility is not in substantial compliance with the requirements. The facility is taking corrective action at this time.

2009 BIENNIUM BUDGET

The following figures show the proposed HB 2 budget for the 2009 biennium.



	FY 2006	FY 2008	FY 2009
Debt Service	10,122	10,122	10,122
Equipment	27,000	27,000	27,000
Operating Expenses	2,332,780	2,543,068	2,640,369
Personal Services	4,406,410	5,544,231	5,606,262



	FY 2006	FY 2008	FY 2009
Proprietary	0	0	0
Federal Special	0	0	0
State/Other Special	0	0	0
General Fund	6,776,312	8,124,421	8,283,753

Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Measurable Objectives for the 2009 Biennium		
Goal	Measurable Objectives	Current Status of Measures
To maintain and improve the quality of care and levels of functioning of individuals needing nursing home services.	On the CMS Facility Quality Indicator Profile, maintain the quality indicator percentages in the areas of clinical management, physical functioning, and nutrition and eating equal to or below all comparative group percentages. By 2008, maintain 75% or better patient-family satisfaction ratings at excellent or above average levels.	FY2006: Center exceeds the national standard comparative group percentages. FY2006: Satisfaction survey – 75%

Measurable Objectives for the 2009 Biennium		
Goal	Measurable Objectives	Current Status of Measures
Decrease staff injuries with resulting decrease in workers' compensation costs.	By 2009, reduce workers' compensation cost of claims by 20%.	FY2006: WC premium payments = $425,062 WC payments = $30,256 for medical payments and $45,296 or indemnity payments.
	By 2009, reduce staff injuries by 10% by reinforcing exercise programs in facility, increasing physical therapy consultations for staff with repeat injuries and provision of staff training..	Back related injuries: 17 in FY04, 5 in FY05 and 7 in FY06.

BUDGET AND POLICY ISSUES

The following budget or policy issues are included in the Governor's Budget:

PL 33601 – MMHNCC Overtime/Differential/Holiday Pay & Aggregate FTE Funding
PL 33602 – MMHNCC Present Law Adjustments

SIGNIFICANT ISSUES EXPANDED

The Montana Mental Health Nursing Care Center has an empty wing that has the potential of adding approximately 40 beds to the facility. Additional staff and operating funds would be necessary.

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

ADDICTIVE & MENTAL DISORDERS DIVISION
CHEMICAL DEPENDENCY ADMINISTRATION

CONTACTS

The contacts for information regarding the Chemical Dependency Bureau are:

Title	Name	Phone Number	E-mail address
Division Administrator	Joyce De Cunzo	444-3969	jdecunzo@mt.gov
Bureau Chief	Joan Cassidy	444-6981	jcassidy@mt.gov
Chief Financial Officer	Bob Mullen (acting)	444-3518	bmullen@mt.gov

WHAT THE PROGRAM DOES

The Chemical Dependency Bureau assesses the need for chemical dependency treatment and prevention services throughout Montana. Those services are available in all 56 counties through contracts with 18 state-approved programs. The bureau reimburses for a range of inpatient and outpatient services, as well as an education program for DUI offenders.

The bureau also organizes and funds activities designed to prevent the use of alcohol, tobacco, and other drugs by youth and the abuse of those substances by adults. People with substance abuse disorders who have family incomes below 200% of the federal poverty level are eligible for public funding of treatment services. In addition, the Medicaid program funds outpatient and residential chemical dependency treatment services for adolescents and outpatient services for adults who are Medicaid eligible. The bureau funds services for nearly 1600 Montanans each month.

STATUTORY AUTHORITY

TITLE 53. SOCIAL SERVICES AND INSTITUTIONS

CHAPTER 24. ALCOHOLISM & DRUG DEPENDENCE

Part C, Title XIX of the Social Security Act

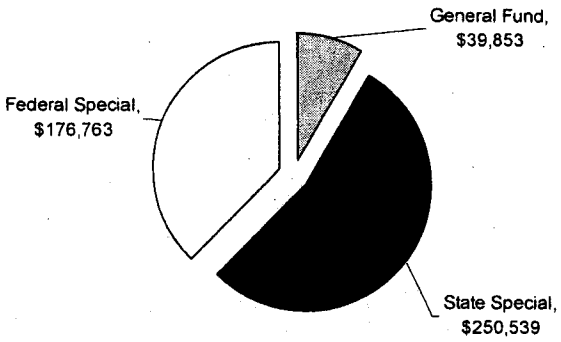
HOW SERVICES ARE PROVIDED

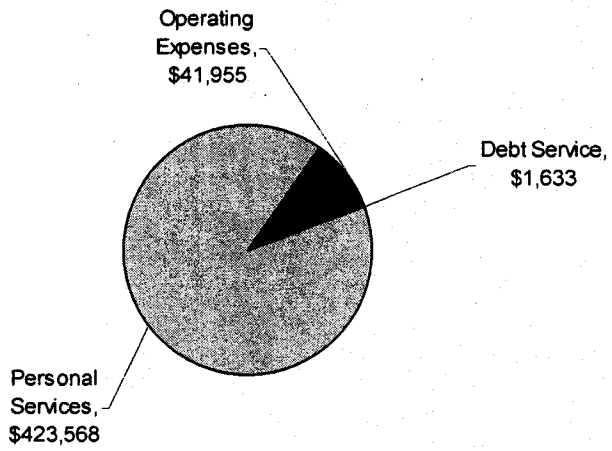
The division's 7 staff manage the state's Substance Abuse Prevention and Treatment (SAPT) Block grant which funds a variety of prevention and treatment activities, the Chemical Dependency Medicaid program which provides outpatient and inpatient treatment services to Medicaid eligible youth and adults, and other grants applied for and received (generally prevention grants). The staff is responsible for the training of community providers, managing programs outcomes, ensuring compliance of federal requirements, and developing collaborative relationships with other state agencies to ensure effective prevention and treatment standards.

With the exception of Medicaid services, all other programs are negotiated with state-approved providers and managed through contacts.

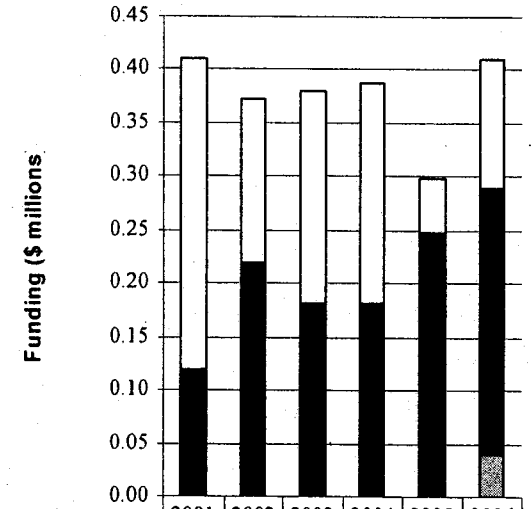
Spending and Funding Information

The following figures show funding and expenditure information for FY 2006 for all sources of funding of the Chemical Dependency Bureau. Because the figures include all sources of funding there are no direct relationships between these figures and appropriation levels presented in the Budget Analysis for the 2007 Biennium.

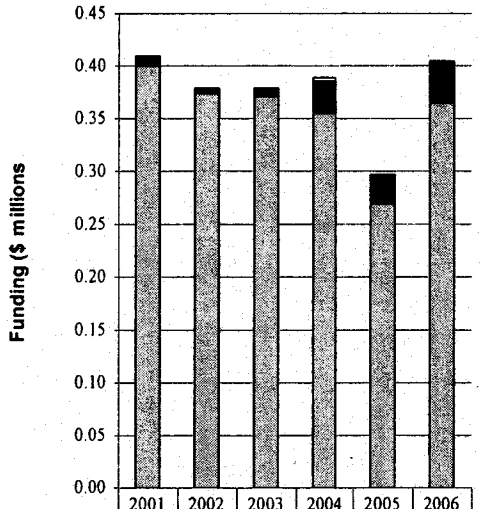




The following figures show funding and expenditures from FY 2001 through FY 2006, for HB2 funding. There were no administrative appropriations.



	2001	2002	2003	2004	2005	2006
Federal Special	0.29	0.15	0.20	0.21	0.05	0.12
State Special	0.12	0.22	0.18	0.18	0.25	0.25
General Fund	0.00	0.00	0.00	0.00	0.00	0.04



	2001	2002	2003	2004	2005	2006
Equipment	0.00	0.00	0.00	0.00	0.00	0.00
Operating Expenses	0.01	0.00	0.01	0.03	0.03	0.04
Personal Services	0.40	0.37	0.37	0.36	0.27	0.37

2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

Program Expansion

There were no program expansions or major policy changes from the 2005 legislative session.

FTE

There were no new FTEs added in the 2007 biennium.

2007 Biennium FTE Hire Dates	FTE	Date
NONE		

CORRECTIVE ACTION PLANS

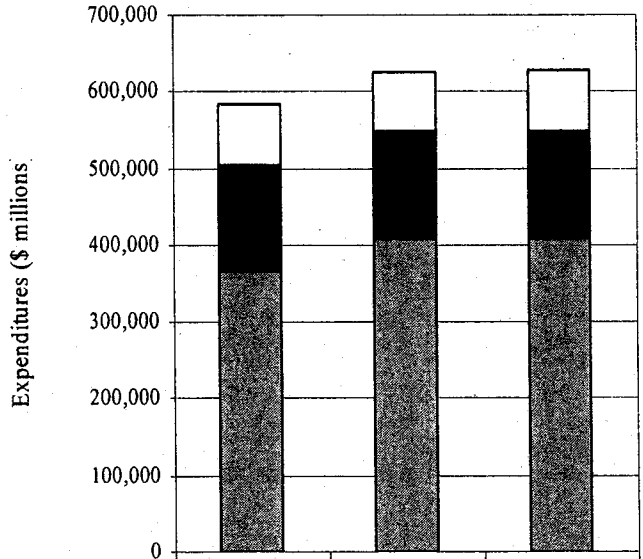
Legislative Audit – 2005 Biennium

There were no audit recommendations resulting from the legislative and federal audit of the 2005 biennium for this program.

2009 BIENNIUM BUDGET

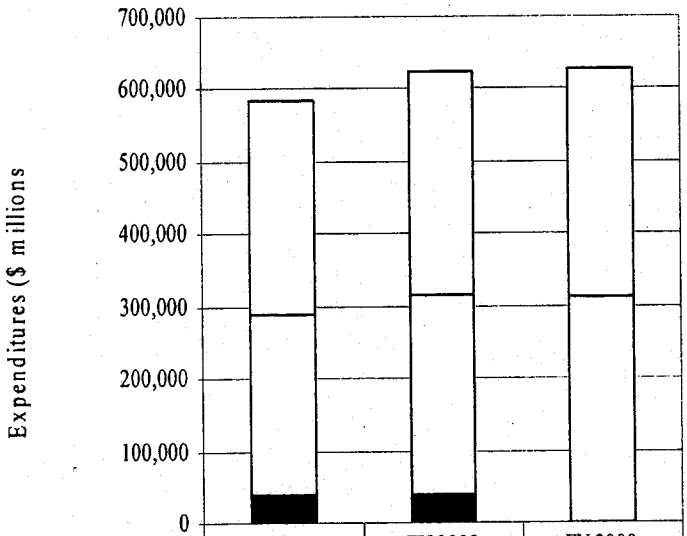
The following figures show the proposed HB 2 budget for the 2009 biennium.

DPHHS - AMDD - Chemical Dependency Bureau
2009 Biennium HB 2 Budget
First Level Expenditures



	FY 2006	FY 2008	FY 2009
Debt Service	408	408	408
Grants	77,964	77,964	77,964
Operating Expenses	140,483	140,427	140,493
Personal Services	365,224	407,057	408,664

DPHHS - AMDD - Chemical Dependency Bureau
2009 Biennium HB 2 Budget
Funding



	FY 2006	FY 2008	FY 2009
Federal Special	294,202	309,174	314,174
State/Other Special	250,023	276,828	313,355
General Fund	39,854	39,854	0

Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Measurable Objectives for the 2009 Biennium		
Goal	Measurable Objectives	Current Status of Measures
Develop a continuum of community-based services that improves and sustains the recovery of individuals with co-occurring disorders.	By 2009, 15% of chemical dependency treatment funds will be expended on individuals with co-occurring disorders.	Modification of the Alcohol & Drug Information System (ADIS) is underway to track co-occurring clients' recovery and recidivism rates at 6 and 12 months after discharge
	By 2009, the Chemical Dependency Bureau will provide 2 – 4 Co-Occurring Provider training events.	A training workgroup is reviewing current provider needs for training events.
	By 2009, the Administrative Rules of Montana will address Co-Occurring clinical treatment practices.	A current work group has been formed to draft the ARM to address co-occurring services.
	By 2008, draft new Administrative Rules governing Montana's chemical dependency residential service requirements.	A provider workgroup is currently working to identify and develop requirements for residential homes. Modification of the Alcohol & Drug Information System (ADIS) is underway to track residential clients' recovery and recidivism rates at 6 and 12 months after discharge.
Implement substance abuse prevention and treatment best practices in state-approved chemical dependency programs.	By 2009, the Chemical Dependency Bureau will provide two training events and ongoing technical assistance as requested to help others, including other state agencies, implement methamphetamine best clinical practices.	The Bureau has created a resource guide "Best Treatment Strategies - Methamphetamine Treatment Implementation in Montana".
Develop and implement a quality improvement plan to monitor the prevention and treatment service system based on cost, value, and results. **(Medicaid goal # 9)**	By 2009, rewrite current chemical dependency rules to support current policies regarding best clinical practices.	A provider workgroup has been implemented to identify and develop requirements for community based chemical dependency treatment services. Modification of the Alcohol & Drug Information System (ADIS) is underway to track community based treatment clients' recovery and recidivism rates at 6 and 12 months after discharge.
	By 2009, the Chemical Dependency Bureau will have a Quality Improvement System in place to provide financial and tracking provider treatment and prevention performance measures.	The Bureau is currently working on a new format for the provider contract application to track federal and state fiscal and treatment/prevention requirements for funding sources. The Bureau is developing a format to report performance measures on the AMDD website. The Bureau has developed a contract and monitoring protocol to assure providers' data collection is accurate and timely. The Bureau is currently engaging in a contract

Measurable Objectives for the 2009 Biennium		
Goal	Measurable Objectives	Current Status of Measures
		to complete a needs assessment of provider weaknesses in quality improvement for treatment and prevention. The Bureau is researching to develop a training plan for facility quality improvement for state approved chemical dependency providers.
	By 2009, fully implement the Substance Abuse Management System (SAMS) to include implementation of a data testing plan and development of a training schedule for all CS providers.	The final design phase of SAMS has been completed.

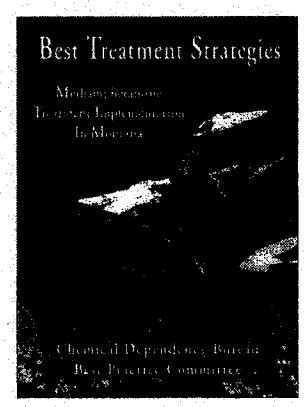
BUDGET AND POLICY ISSUES

The following budget or policy issues are included in the Governor's Budget:

There are no new proposals or significant present law adjustments for this program.

SIGNIFICANT ISSUES EXPANDED

Currently, Montana lacks the intermediate, longer-term level of care that will enable a safe living environment for individuals to be served in community settings and to be used as a treatment setting for moving individuals from or to higher (inpatient) or lower levels (outpatient) of care in the continuum. Evidence-based, patient centered, and outcome-oriented chemical dependency interventions will function as the foundation of a prepared, multidisciplinary clinical team to serve this population. This population is most often an individual with a co-occurring illness, and, may be in the correctional system. Longer-term support is needed for the recovery from methamphetamine and long-term use of other drugs and alcohol.



DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

ADDICTIVE & MENTAL DISORDERS DIVISION
CHEMICAL DEPENDENCY MEDICAID SERVICES

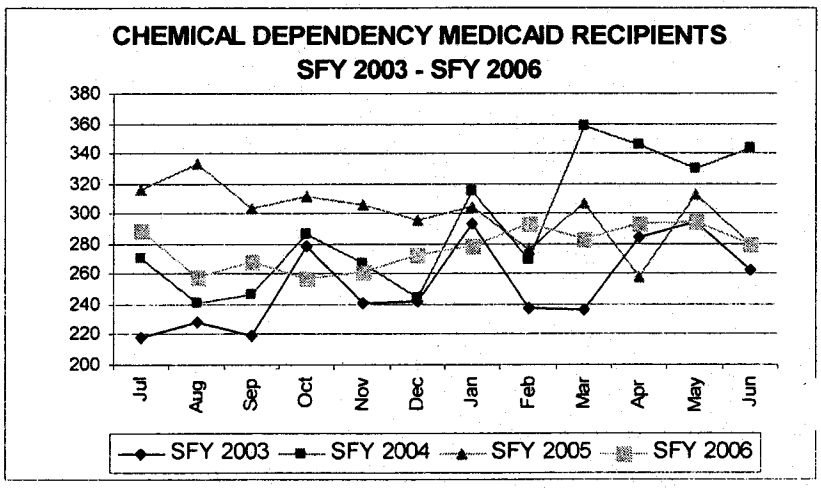
CONTACTS

The contacts for information regarding the Chemical Dependency Medicaid Services are:

Title	Name	Phone Number	E-mail address
Division Administrator	Joyce De Cunzo	444-3969	jdecunzo@mt.gov
Bureau Chief	Joan Cassidy	444-6981	jcassidy@mt.gov
Chief Financial Officer	Bob Mullen (acting)	444-3518	bmullen@mt.gov

WHAT THE PROGRAM DOES

The Medicaid chemical dependency program provides rehabilitative drug and alcohol treatment to Medicaid eligible youth and adults. These optional services are provided through state-approved chemical dependency programs employing substance abuse professionals, generally in outpatient settings. Services to youth include an inpatient residential treatment component. The Montana Chemical Dependency Center (MCDC) in Butte has, generally, provided the inpatient residential treatment for adults. In SFY 2006, approximately 1200 individuals received services.



STATUTORY AUTHORITY

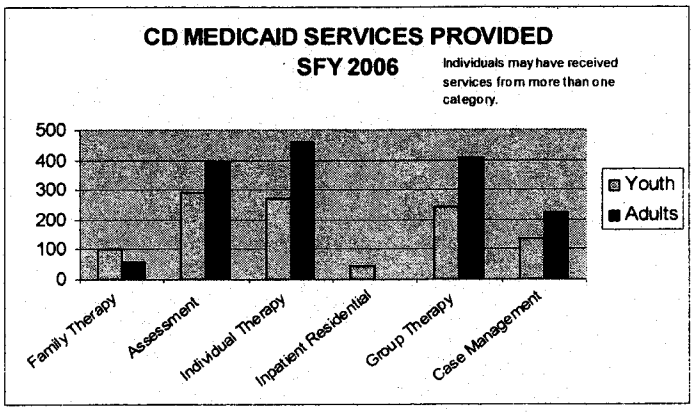
TITLE 53. SOCIAL SERVICES AND INSTITUTIONS

CHAPTER 24. ALCOHOLISM & DRUG DEPENDENCE

Part C, Title XIX of the Social Security Act

HOW SERVICES ARE PROVIDED

The chemical dependency Medicaid program provides treatment services through Montana's system of state approved providers. Differing from other Medicaid programs, the matching fund type for chemical dependency Medicaid is alcohol tax. The following table shows the number of youth and adults participating in the program in SFY 2006 by type of service received.

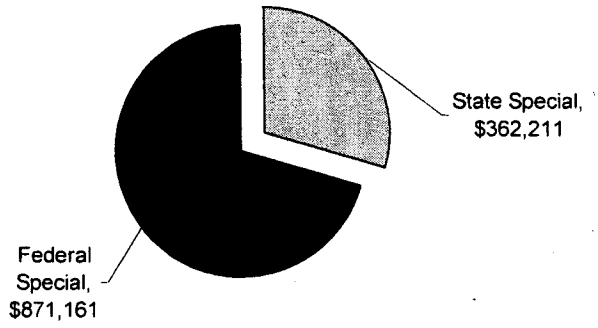


The number of youth receiving inpatient residential services in SFY 2006 is understated. Because the primary providers of youth residential treatment services changed during 2006, a delay ensued in getting Medicaid authorization and, subsequently, the services were provided with Substance Abuse Treatment and Prevention funds. The 2006 youth residential treatment services are included in the caseload request.

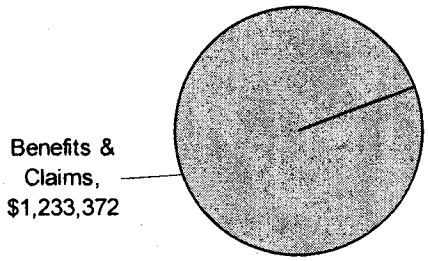
Spending and Funding Information

The following figures show funding and expenditure information for FY 2006 for all sources of funding of the Chemical Dependency Medicaid Services. Because the figures include all sources of funding there are no direct relationships between these figures and appropriation levels presented in the Budget Analysis for the 2007 Biennium.

FY 2006 Funding

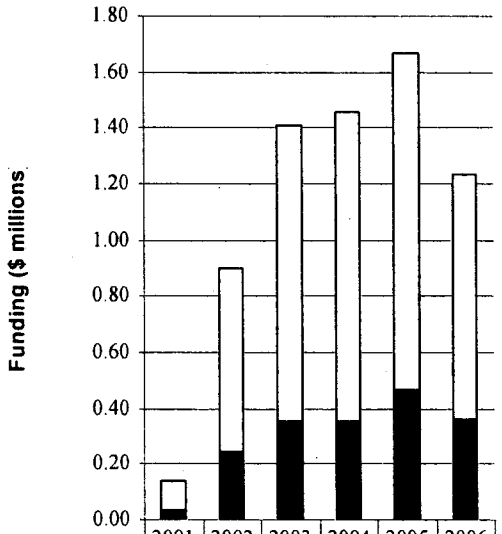


FY 2006 First Level Expenditures



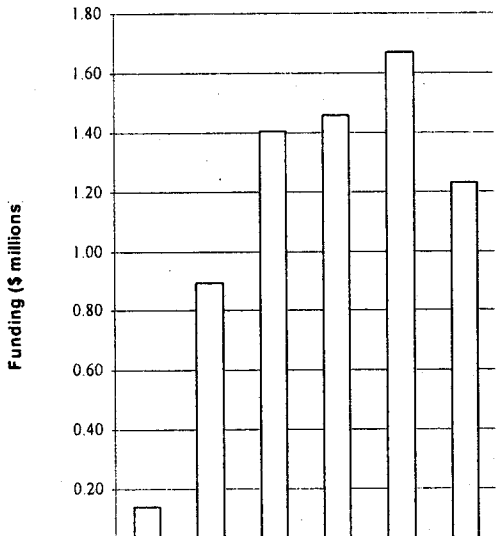
The following figures show funding and expenditures from FY 2001 through FY 2006, for HB2 funding. There were no administrative appropriations.

Historical Funding



	2001	2002	2003	2004	2005	2006
Federal Special	0.10	0.66	1.05	1.10	1.20	0.87
State Special	0.04	0.24	0.36	0.36	0.47	0.36

Historical Expenditures



	2001	2002	2003	2004	2005	2006
Benefits & Claims	0.14	0.89	1.41	1.46	1.67	1.23

2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

Program Expansion

There were no program expansions or major policy changes from the 2005 legislative session.

FTE

There were no new FTEs added in the 2007 biennium.

2007 Biennium FTE Hire Dates	FTE	Date
NONE		

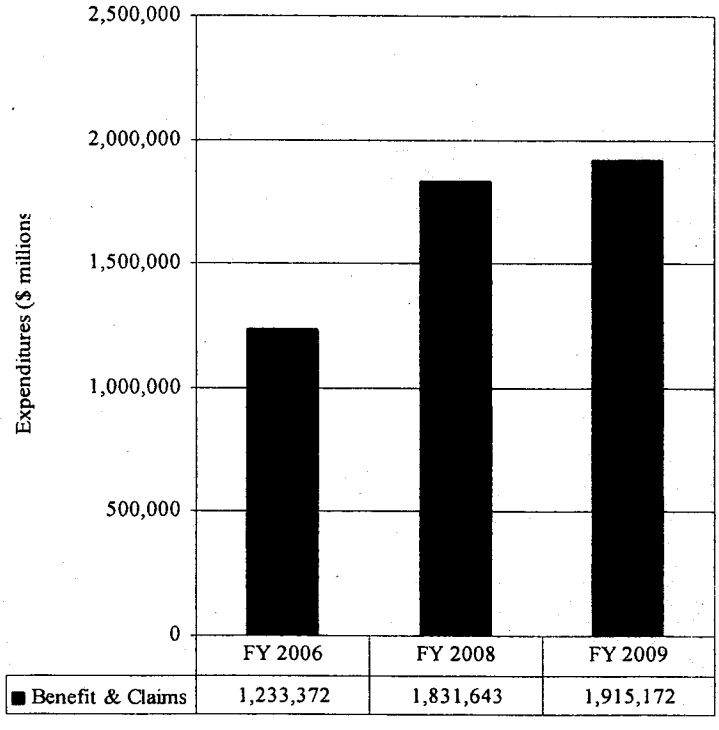
CORRECTIVE ACTION PLANS

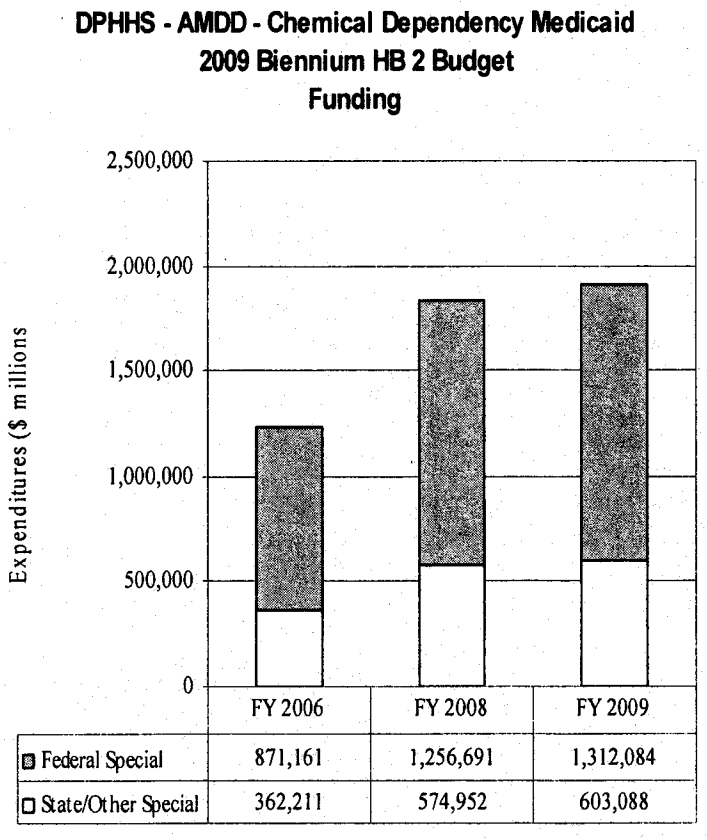
Legislative Audit – 2005 Biennium

There were no audit recommendations resulting from the legislative and federal audit of the 2005 biennium for this program.

2009 BIENNIUM BUDGET

The following figures show the proposed HB 2 budget for the 2009 biennium.





Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Measurable Objectives for the 2009 Biennium		
Goal	Measurable Objectives	Current Status of Measures
Develop a continuum of community-based services that improves and sustains the recovery of individuals with substance related and co-occurring disorders.	By 2009, develop a training process to improve the tracking and referral network for community based residential treatment.	The Bureau is currently identifying issues addressing admission challenges for individuals in need of community based residential treatment. The Bureau is currently reviewing the Alcohol & Drug Information System (ADIS) to identify a process to track treatment clients' access to the community based residential services.
	By 2009, enroll 6 Tribes and/or urban Indian programs into appropriate Medicaid services (IHS or CD),	The Bureau is currently developing a process to identify and correctly enroll State-Approved Native American Chemical Dependency Programs into the correct Medicaid structure.
Implement substance abuse prevention and treatment best practices in state-approved chemical dependency programs.	By 2009, conduct an analysis of other state plans to determine opportunities to improve services to eligible Medicaid individuals, particularly women.	The Bureau is currently identifying other states that have approved Medicaid chemical dependency state plans.
Develop and implement a quality improvement plan to monitor the prevention and treatment services system based on cost, value, and results.	By 2009, Medicaid performance measures for chemical dependency will be implemented.	The Bureau is currently developing a format to report performance measures delineating Medicaid and other funding sources on AMDD website. The Bureau is currently developing a contract and monitoring protocol to assure providers' data collection is accurate and timely for all funding sources.

BUDGET AND POLICY ISSUES

The following budget or policy issues are included in the Governor's Budget:

PL 33201 – Medicaid FMAP Chemical Dependency
PL 33202 – CD Medicaid Caseload Adjustment
NP 33701 – Provider Rate Increases

SIGNIFICANT ISSUES EXPANDED

Although started in SFY 2001, the Chemical Dependency Medicaid program remains a fledgling program. The early estimates of growth were two times what the actual experience has been. The bureau believes that additional training will enhance the outreach of Medicaid eligible individuals.

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

ADDICTIVE & MENTAL DISORDERS DIVISION
CHEMICAL DEPENDENCY NON-MEDICAID SERVICES

CONTACTS

The contacts for information regarding the Chemical Dependency Non-Medicaid Services are:

Title	Name	Phone Number	E-mail address
Division Administrator	Joyce De Cunzo	444-3969	jdecunzo@mt.gov
Bureau Chief	Joan Cassidy	444-6981	jcassidy@mt.gov
Chief Financial Officer	Bob Mullen (acting)	444-3518	bmullen@mt.gov

WHAT THE PROGRAM DOES

The chemical dependency non-Medicaid services program is the Substance Abuse and Mental Health Services Administration's (SAMHSA) Substance Abuse Prevention and Treatment (SAPT) block grant and other non-Medicaid grant sources used to benefit individuals with alcohol and drug treatment and prevention.

In the next biennium, the department is seeking to expand services to individuals needing community-based residential services. Additionally, the department seeks approval to assist in the funding of the media campaign targeted at prevention of first-time methamphetamine use.

STATUTORY AUTHORITY

TITLE 53. SOCIAL SERVICES AND INSTITUTIONS

CHAPTER 24. ALCOHOLISM & DRUG DEPENDENCE

Part C, Title XIX of the Social Security Act

HOW SERVICES ARE PROVIDED

The Substance Abuse Prevention and Treatment Block Grant ($6.5 million) services are provided through 18 state-approved programs, which include 2 Native American outpatient programs and one Native American residential free-standing program. The SAPT funds support outpatient services and targeted case management for youth and adults who are not eligible for Medicaid. Additionally, the funds support community-based residential services for youth, 3 Women and Children's Homes (Missoula, Great Falls, Billings), 2 Recovery Homes (Bozeman and Livingston) and 1 Transitional Living Facility (Helena) for adults. Federal requirements include specific set-asides for women with dependent children, pregnant women, clients with SSI or SSDI, IV drug users, and the homeless.

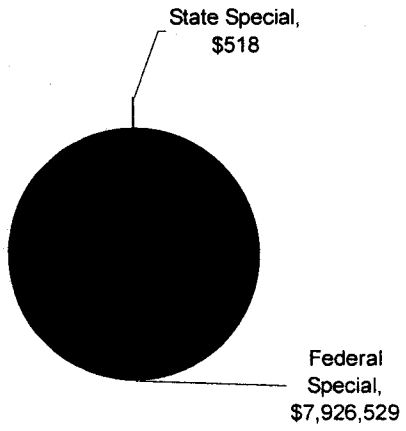
Approximately 85% of the SAPT funds are for communities while the other 10% funds training, technical assistance, and development of projects such as the Montana Co-occurring State Plan. These services are intended to support clinical and prevention efforts. The remaining 5% is for administrative costs.

20% of the funds are required to be spent on primary prevention activities. Funding is used to support 22 prevention specialists throughout Montana to provide communities with assistance in coalition building, to assess community needs, increase capacity to implement prevention, provide a mechanism to plan for prevention, implement needed aspects of prevention programs and provide assistance with data collection and evaluation.
The department seeks and receives other grants, generally for prevention, during the year. Those grants are handled as budget amendments.

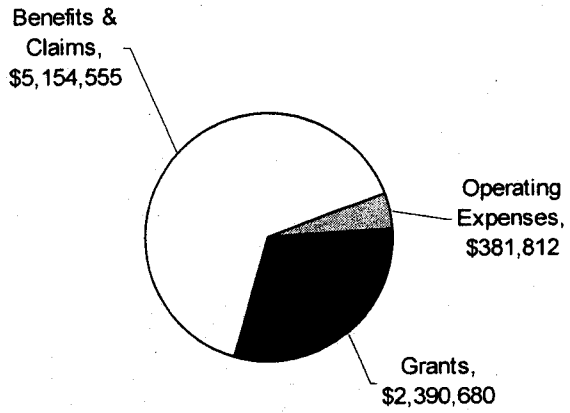
Spending and Funding Information

The following figures show funding and expenditure information for FY 2006 for all sources of funding of the Chemical Dependency Non-Medicaid Services. Because the figures include all sources of funding there are no direct relationships between these figures and appropriation levels presented in the Budget Analysis for the 2007 Biennium.

FY 2006 Funding

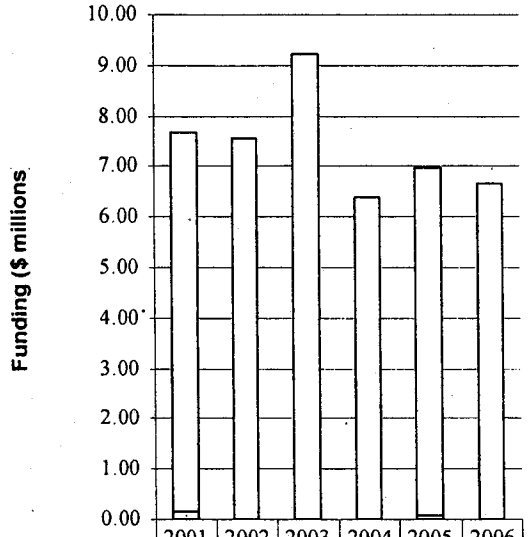


FY 2006 First Level Expenditures



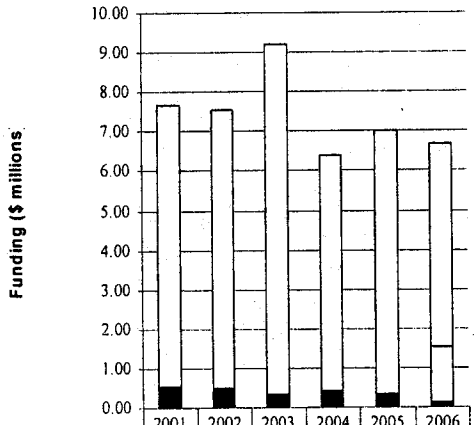
The following figures show funding and expenditures from FY 2001 through FY 2006, for all funding. There were two administrative appropriations (02179, 02129) in SFY 2006..... one with the Department of Corrections for youth treatment ($109,231) and on with the Public Health and Safety Division regarding tobacco prevention ($410,000).

Historical Funding



	2001	2002	2003	2004	2005	2006
Federal Special	7.51	7.57	9.21	6.38	6.93	6.67
State Special	0.16	0.00	0.00	0.00	0.06	0.00

Historical Expenditures



	2001	2002	2003	2004	2005	2006
Benefits & Claims	0.00	0.00	0.00	0.00	0.00	5.15
Grants	7.13	7.09	8.88	5.97	6.64	1.39
Operating Expenses	0.52	0.45	0.25	0.40	0.35	0.13
Personal Services	0.02	0.03	0.08	0.01	0.00	0.00

2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

Program Expansion

During SFY 2006, the department did receive a Strategic Prevention Framework State Incentive Grant (SPF-SIG) for $2,332,000. The grant was approved by the budget office as a budget amendment and included authority to hire 2.0 FTE. This grant is requested to be continued in the 2009 biennium.

FTE

Other than the two modified positions added for the SPF-SIG budget amendment, there were no other FTEs added in the 2007 biennium.

2007 Biennium FTE Hire Dates	FTE	Date
NONE		

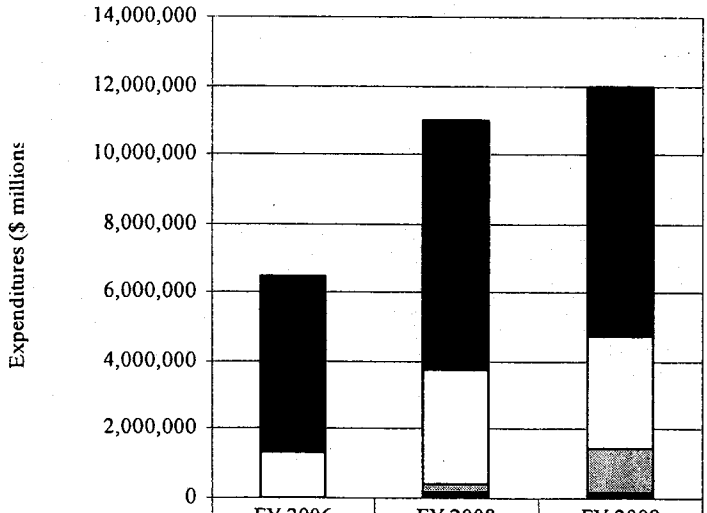
CORRECTIVE ACTION PLANS

Legislative Audit – 2005 Biennium

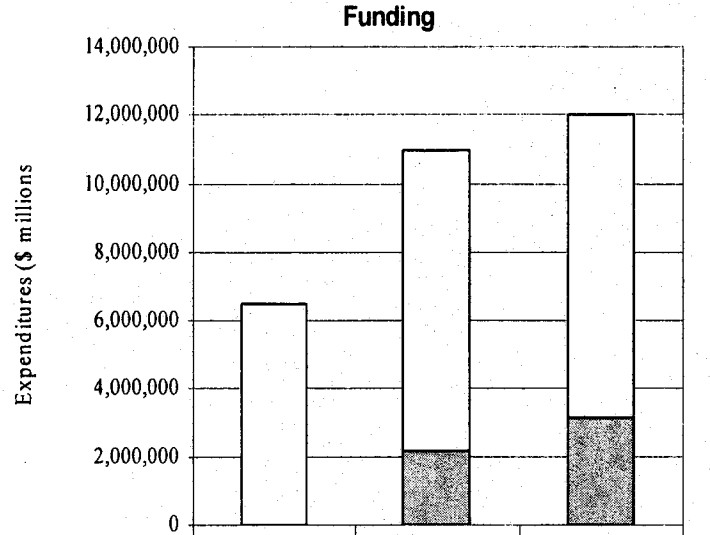
There were no audit recommendations resulting from the legislative and federal audit of the 2005 biennium for this program.

2009 BIENNIUM BUDGET

The following figures show the proposed HB 2 budget for the 2009 biennium.



	FY 2006	FY 2008	FY 2009
Benefit & Claims	5,154,554	7,243,713	7,243,659
Grants	1,314,323	3,314,323	3,314,323
Operating Expenses	25,148	274,017	1,273,960
Personal Services	0	156,449	156,605



	FY 2006	FY 2008	FY 2009
Federal Special	6,493,507	8,825,507	8,825,507
State/Other Special	518	657	672
General Fund	0	2,162,338	3,162,338

Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Measurable Objectives for the 2009 Biennium		
Goal	Measurable Objectives	Current Status of Measures
Develop a continuum of community-based services that improves and sustains the recovery of individuals with substance related and co-occurring disorders. (Medicaid goal # 2)	By 2008, expand community based residential services by 7 homes which will provide best practice substance abuse treatment models particularly to address methamphetamine. By 2008, hire 1 FTE to oversee regional services expansion.	The Bureau currently has 9 community based residential homes. The Bureau does not have sufficient staff to develop and monitor expanded programs. **DP 33203**
Implement substance abuse prevention and treatment best practices in state-approved chemical dependency programs.	By 2008, implement the State Prevention Framework – State Incentive Grant in 5 – 10 communities to develop infrastructure and service capacity to deliver and sustain effective substance abuse prevention services.	The Bureau is currently developing a state-wide substance abuse epidemiology report and state substance abuse prevention plan to meet Federal grant requirements. The Bureau currently has modified FTE to oversee and monitor performance measures and grant requirements. **DP 33206** The Bureau is developing a request for proposal to release 85% of Federal Prevention funding to communities.
Develop and implement a quality improvement plan to monitor the prevention and treatment service system based on cost, value, and results. (Medicaid goal # 5)	By 2009, the Chemical Dependency Bureau will have a Quality Improvement System in place to provide financial and tracking provider treatment and prevention performance measures.	The Bureau is currently working on a new format for the provider contract application to track federal and state fiscal and treatment/prevention requirements for funding sources. The Bureau is developing a format to report performance measures on AMDD website. The Bureau has developed a contract and monitoring protocol to assure providers' data collection is accurate and timely.

BUDGET AND POLICY ISSUES

The following budget or policy issues are included in the Governor's Budget:

NP 33203 – Meth and CD Regional Services Expansion (1.0 FTE)
NP 33204 – Methamphetamine Prevention
NP 33206 – Strategic Prevention Framework Incentive Grant (2.0 FTE)
NP 33701 – Provider Rate Increases

SIGNIFICANT ISSUES EXPANDED

Currently, Montana lacks the intermediate, longer-term level of care that will enable a safe living environment for individuals to be served in community settings and to be used as a treatment setting for moving individuals from or to higher (inpatient) or lower levels (outpatient) of care in the continuum. Evidence-based, patient centered, and outcome-oriented chemical dependency interventions will function as the foundation of a prepared, multidisciplinary clinical team to serve this population. This population is most often an individual with a co-occurring illness, and, may be in the correctional system. Longer-term support is needed for the recovery from methamphetamine and long-term use of other drugs and alcohol.

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

ADDICTIVE & MENTAL DISORDERS DIVISION
MONTANA CHEMICAL DEPENDENCY CENTER

CONTACTS

The contacts for information regarding the Montana Chemical Dependency Center are:

Title	Name	Phone Number	E-mail address
Division Administrator	Joyce De Cunzo	444-3969	jdecunzo@mt.gov
MCDC Administrator	Dave Peshek	496-5414	dpeshek@mt.gov
Chief Financial Officer	Bob Mullen (acting)	444-3518	bmullen@mt.gov

WHAT THE PROGRAM DOES

The **Montana Chemical Dependency Center** (MCDC) located at Butte is the only publicly funded inpatient addictions treatment facility in the state. The MCDC provides treatment to persons that require treatment for alcohol and drug addictions and provides treatment for co-occurring addictions and psychiatric disorders. The facility is licensed as a health care facility and a chemical dependency treatment facility. The center was established in 1993 following the closure of the Galen campus of the Montana State Hospital.

STATUTORY AUTHORITY

TITLE 53. SOCIAL SERVICES AND INSTITUTIONS

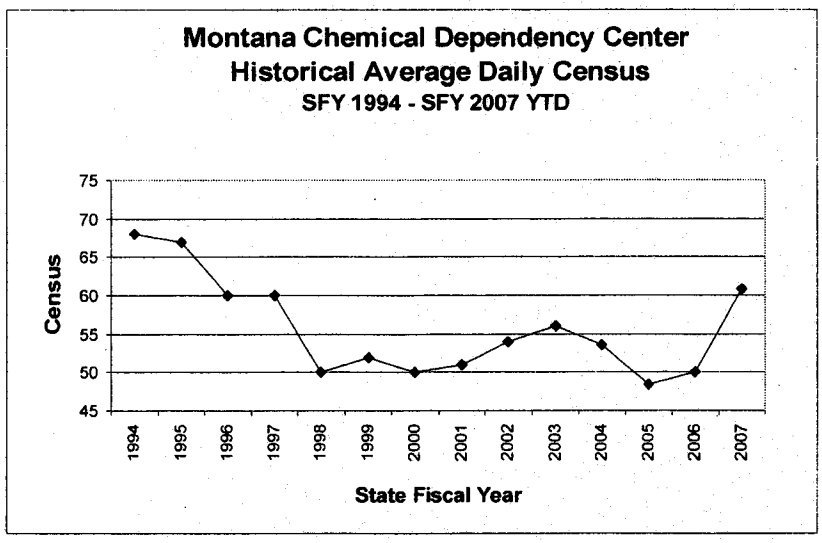
CHAPTER 21. MENTALLY ILL

Part 6. Chemical Dependency Treatment Center

HOW SERVICES ARE PROVIDED

The services of MCDC are organized and divided among four interdisciplinary treatment specialties and facility operations, with management staff assigned to supervise staffing and the following functions of each area:

- **Medical Services** are coordinated by the Medical Director and generally administer to the physiological and/or psychiatric aspects of patient care. They include, but are not necessarily limited to: a medical history & physical at admission; evaluating, treating and/or referring patients for their medical/psychiatric needs, that are existing or arise, consistent with the capacity of the facility; providing pharmacotherapy for physical and/or psychiatric disorders as appropriate; educating staff and patients on medical aspects of care.



- **Nursing Services** are supervised by the Nursing Services Supervisor and are direct healthcare services related to assessing the patients basic health status that include but may not be limited to: detoxification procedures; providing a nursing assessment at the time of admission; administering medications in accordance with physician orders; evaluating patient medical requests; assisting the physician with procedures; coordinating patient care with other medical entities.

- **Chemical Dependency Services** are supervised by the Chemical Dependency Services Supervisor and are those treatment interventions that specifically address the addictive disorders of patients which include but may not be limited to: treatment planning; group, individual and family counseling; continued stay reviews; educational lectures; application of evidenced based practices in addiction treatment; transition planning and recovery based continued care coordination.

- **Mental Health Services** are supervised by the Mental Health Services Supervisor and are those treatment interventions that specifically address the mental disorders of patients which include but may not be limited to: evaluation and diagnosis; treatment planning; group, individual and family counseling; continued stay reviews; educational lectures; application of evidenced based practices in mental disorders treatment; transition planning; and recovery based continued care coordination.

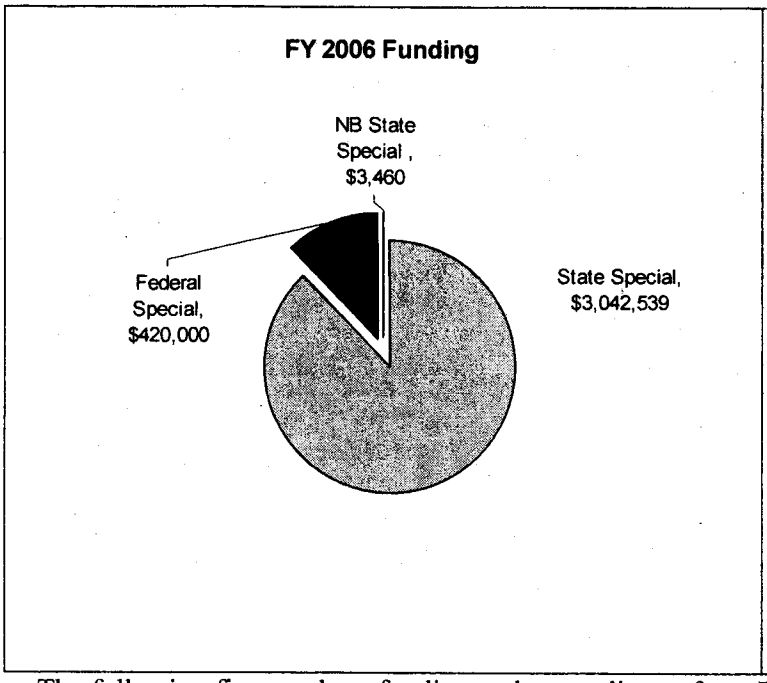
- **Facility Operations** are supervised by the Operations Supervisor and are all non-clinical aspects of the facility which include but may not be limited to: fiscal/budget; medical records; information technology; human resources; support services; custodial service; food service; accounts receivable/payable; data coordination; performance improvement; safety; training; purchasing; and contracts coordination.

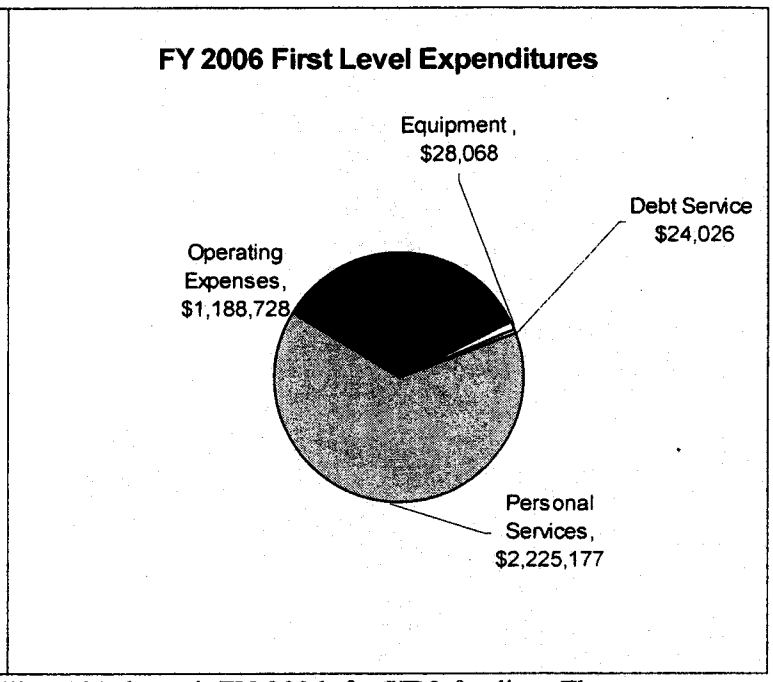
The facility has 76 beds, with 70 treatment beds and 6 detoxification/medical beds. Referrals are received throughout the state from state approved community treatment providers, Native American programs, and private Licensed Addiction Counselors (LAC). The patients can be admitted on a voluntary, court-ordered, or court-committed status. Over the past biennium, on average: 39% of patients were voluntary admissions; 60% were court ordered or had a legal contingency; and 1% were court committed.

Individuals admitted must meet level of care criteria for sub-acute, in-patient treatment as defined by the American Society of Addiction Medicine (ASAM). Transition to lower level continued care is typically coordinated with the community provider that made the admission referral. The MCDC has 48.25 FTE.

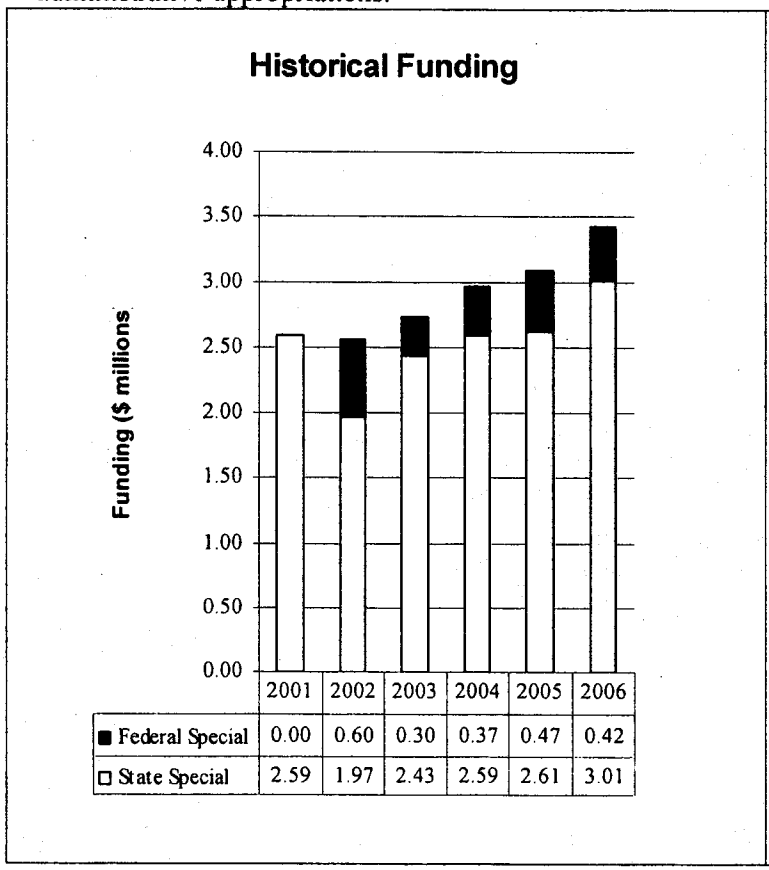
Spending and Funding Information

The following figures show funding and expenditure information for FY 2006 for all sources of funding of the Montana Chemical Dependency Center. Because the figures include all sources of funding there are no direct relationships between these figures and appropriation levels presented in the Budget Analysis for the 2007 Biennium.

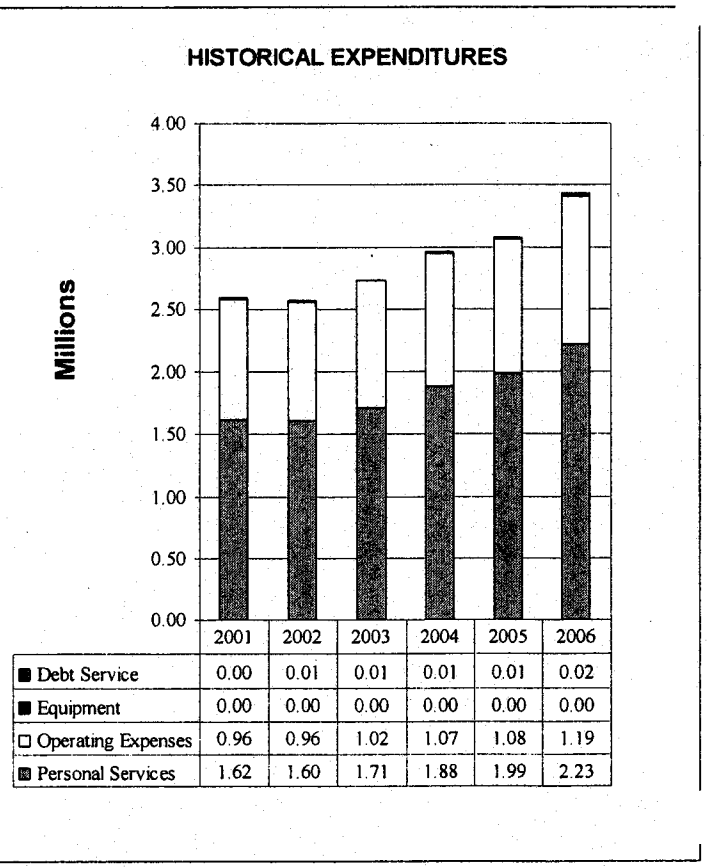




The following figures show funding and expenditures from FY 2001 through FY 2006, for HB2 funding. There were no administrative appropriations.



	2001	2002	2003	2004	2005	2006
Federal Special	0.00	0.60	0.30	0.37	0.47	0.42
State Special	2.59	1.97	2.43	2.59	2.61	3.01



	2001	2002	2003	2004	2005	2006
Debt Service	0.00	0.01	0.01	0.01	0.01	0.02
Equipment	0.00	0.00	0.00	0.00	0.00	0.00
Operating Expenses	0.96	0.96	1.02	1.07	1.08	1.19
Personal Services	1.62	1.60	1.71	1.88	1.99	2.23

2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

Program Expansion

The Montana Chemical Dependency Program has entered into a contract with the Department of Corrections to increase the number patients by eight to include selected offenders that can be treated with inpatient services.

FTE

2007 Biennium FTE Hire Dates	FTE	Date
NONE		

Additional MCDC staffing was not requested for the 2007 biennium during the 2005 legislative session, although the program did request and receive 6.0 modified FTE in SFY 2006. 5 FTE were necessary to provide immediate staffing assistance on weekends and evenings and provide for additional staff and patient safety and an additional counselor position was necessary to increase the average daily census to accommodate a contract with the Department of Corrections. The modified are requested as a new proposal in the 2009 biennium.

CORRECTIVE ACTION PLANS

Legislative Audit – 2005 Biennium

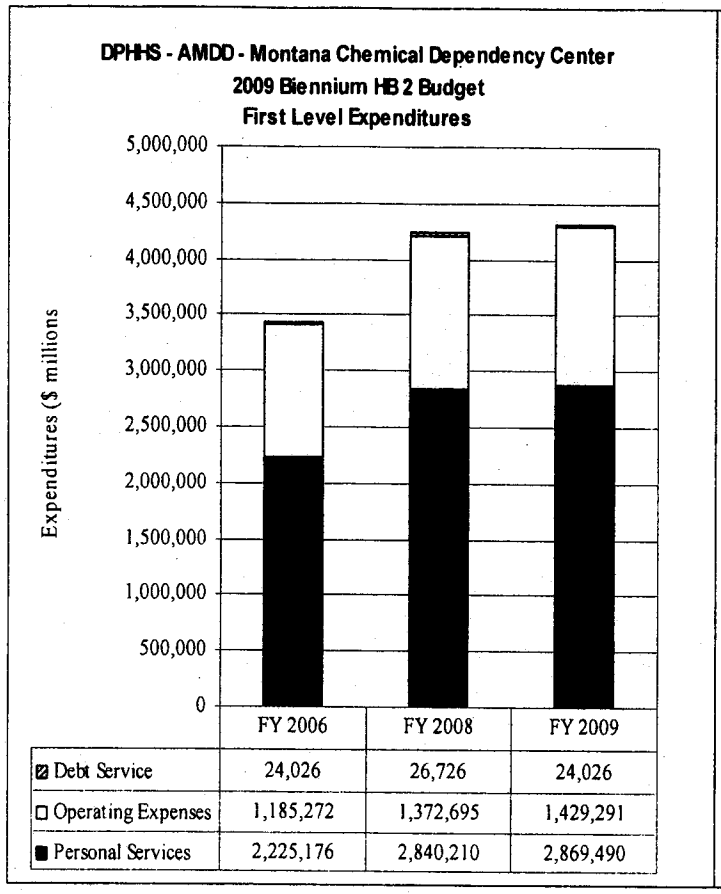
The Montana Chemical Dependency Center did not have audit recommendations resulting from the legislative and federal audit of the 2005 biennium.

Quality Assurance Survey

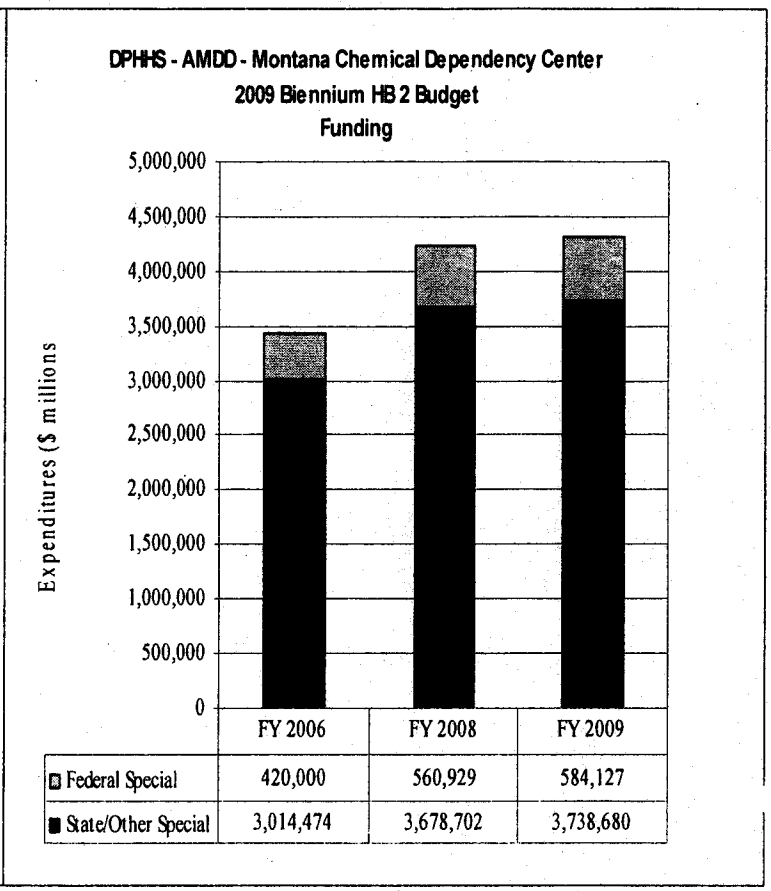
An annual Quality Assurance Division (QAD) evaluation for state licensure an in-patient, free standing chemical dependency treatment facility as well as a state licensed healthcare facility found two areas of partial non-compliance. Both areas were related to clinical records: a portion of the records reviewed did not have adequate evidence linking the progress notes to the treatment plan and some treatment plans were not updated in a timely manner during the course of treatment. A corrective action plan, outlining regularly scheduled chart audits conducted by supervisors, was accepted by the QAD.

2009 BIENNIUM BUDGET

The following figures show the proposed HB 2 budget for the 2009 biennium.



	FY 2006	FY 2008	FY 2009
Debt Service	24,026	26,726	24,026
Operating Expenses	1,185,272	1,372,695	1,429,291
Personal Services	2,225,176	2,840,210	2,869,490



	FY 2006	FY 2008	FY 2009
Federal Special	420,000	560,929	584,127
State/Other Special	3,014,474	3,678,702	3,738,680

Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Measureable Objectives for the 2009 Biennum		
Goal	Measurable Objectives	Current Status of Measures
To improve inpatient treatment outcomes that enable sustainable recovery in communities.	By 2009, achieve a program completion rate of 80%.	FY06 Baseline 70%
	By 2009, maintain average daily census at 90% of licensed capacity.	FY06 Baseline 65%
	By 2008, train all treatment specialist staff in understanding patient behaviors in relationship to addiction and psychiatric disorders.	FY06 Baseline 75%
	By 2009, achieve an overall patient satisfaction rate of 85% or greater at a good to excellent level.	FY06 Baseline 92%

	By 2008, collaborate with community chemical dependency programs on the expansion of community programs. By 2009, generally limit admissions to individuals meeting the highest non-acute hospital level of care criteria.	FY06 Baseline 57% below ASAM Level III.7
To continue development of a consistent, evidence based treatment strategy and modality between the Department of Corrections and Public Health and Human Services.	By 2009, analyze if additional space is available to add offenders referred from the Department of Corrections (predicated on new community service implementation).	FY07 Eight (8) beds reserved for Department of Corrections
To reduce the rate of growth of workers' compensation costs and improve the rate of injury to patients and staff.	By 2009, have in place, strategies designed to reduce patient and staff injuries and decrease the number of lost work days due to injury by 10%.	FY06 Baseline Patient Injuries = 60 FY06 Baseline Staff Injuries = 13 FY06 Baseline Lost Work Days - 0

BUDGET AND POLICY ISSUES

The following budget or policy issues are included in the Governor's Budget:

PL 33301 – MCDC Overtime/Differential/Holiday Pay & Aggregate FTE Funding
PL 33302 – MCDC Present Law Adjustments
NP 33304 – MCDC Staff (Modified and Other))

SIGNIFICANT ISSUES EXPANDED

The addition of the 6.0 FTE are necessary for the safe operation of the facility and give the facility the ability to maximize the number of beds in the facility. The labor agreement defines the ratio of licensed addiction counselors to patients at 8:1. Therefore, the additional counselor will enable the daily census to increase to 72 treatment patients when all staff positions are filled. Five treatment specialists are critical to having a sufficient number of staff on weekends and evenings to maintain staff and patient safety.

With the increase in the capacity of community services to meet more needs locally, with the methamphetamine and chemical dependency expansion decision package, the MCDC would like to begin the process of preparing the facility to meet the needs of individuals needing a higher level of care that will be available in community settings. The development of residential community services will enable the facility and the community services to work together using bi-directional services (step-up and step-down) as part of the treatment regimen for individuals that will benefit.

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

ADDICTIVE & MENTAL DISORDERS DIVISION
DIVISION ADMINISTRATION

CONTACTS

The contacts for information regarding the Mental Health Services Bureau are:

Title	Name	Phone Number	E-mail address
Division Administrator	Joyce De Cunzo	444-3969	jdecunzo@mt.gov
Deputy Administrator	Bob Mullen	444-3518	bmullen@mt.gov
Chief Financial Officer	Bob Mullen (acting)	444-3518	bmullen@mt.gov

WHAT THE PROGRAM DOES

The division provides chemical dependency and mental health services by contracting with behavioral health providers through Montana. It also provides services through three inpatient facilities: the Montana State Hospital at Warm Springs, Montana Chemical Dependency Center in Butte, and Montana Mental Health Nursing Care Center in Lewistown.

STATUTORY AUTHORITY

TITLE 46. CRIMINAL PROCEDURE

TITLE 53. SOCIAL SERVICES AND INSTITUTIONS

CHAPTER 21. MENTALLY ILL

CHAPTER 24. ALCOHOLISM & DRUG DEPENDENCE

P.L. 102-321, CFR

Part C, Title XIX of the Social Security Act

HOW SERVICES ARE PROVIDED

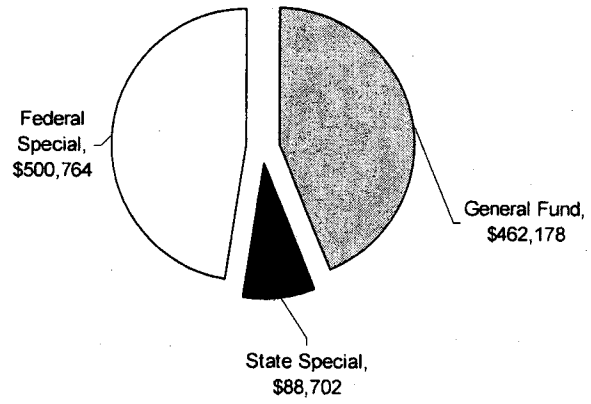
The division administration office includes central office support staff, the deputy administrator, administrator, and the operations bureau. This function has a staff of 13.0 FTE.

- The operations bureau provides information services, program reporting, data management, contract management, procurement, and budget development for the division.
- The deputy administrator is responsible for the supervision of the managers of the three AMDD state facilities and manages special projects assigned by the administrator.
- The division administrator is directly responsible to the department's director and deputy director and is tasked with managing the division in accordance with state law, planning, and implementing policy direction as defined by the department director. The administrator directly supervises the chemical dependency bureau chief, the mental health services bureau chief, the chief of the operations bureau, the deputy administrator and the office manager.

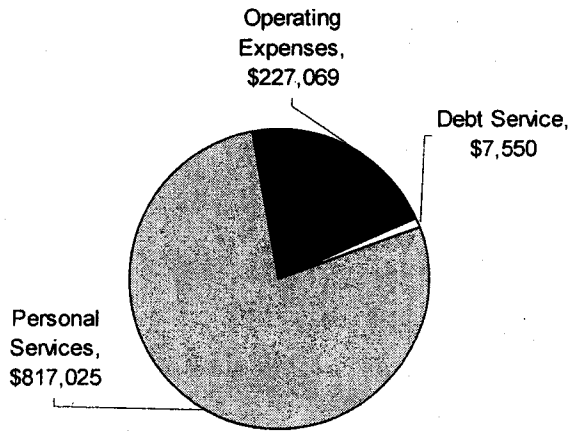
Spending and Funding Information

The following figures show funding and expenditure information for FY 2006 for all sources of funding of the Division Administration. Because the figures include all sources of funding there are no direct relationships between these figures and appropriation levels presented in the Budget Analysis for the 2007 Biennium.

FY 2006 Funding

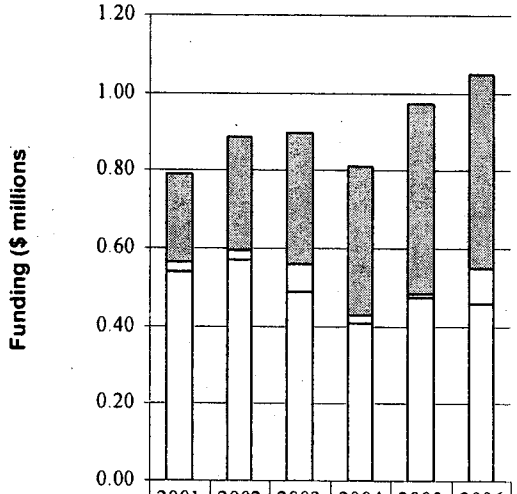


FY 2006 First Level Expenditures



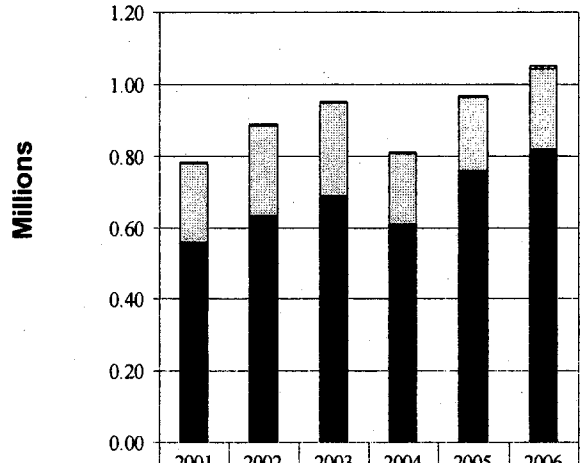
The following figures show funding and expenditures from FY 2001 through FY 2006, for HB2 funding. There were no administrative appropriations.

Historical Funding



	2001	2002	2003	2004	2005	2006
Federal Special	0.23	0.29	0.34	0.38	0.49	0.50
State Special	0.03	0.03	0.07	0.02	0.01	0.09
General Fund	0.54	0.57	0.49	0.41	0.47	0.46

HISTORICAL EXPENDITURES



	2001	2002	2003	2004	2005	2006
Debt Service	0.00	0.00	0.00	0.00	0.00	0.01
Operating Expenses	0.22	0.25	0.26	0.20	0.21	0.23
Personal Services	0.56	0.64	0.69	0.61	0.76	0.82

2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

Program Expansion

There were no program expansions or major policy changes from the 2005 legislative session.

FTE

There were no additional FTEs in the previous legislative session. A modified Behavioral Health Program Facilitator FTE was added in SFY 2006. This 1.0 FTE is continued in the 2009 Biennium request.

2007 Biennium FTE Hire Dates	FTE	Date
NONE		

CORRECTIVE ACTION PLANS

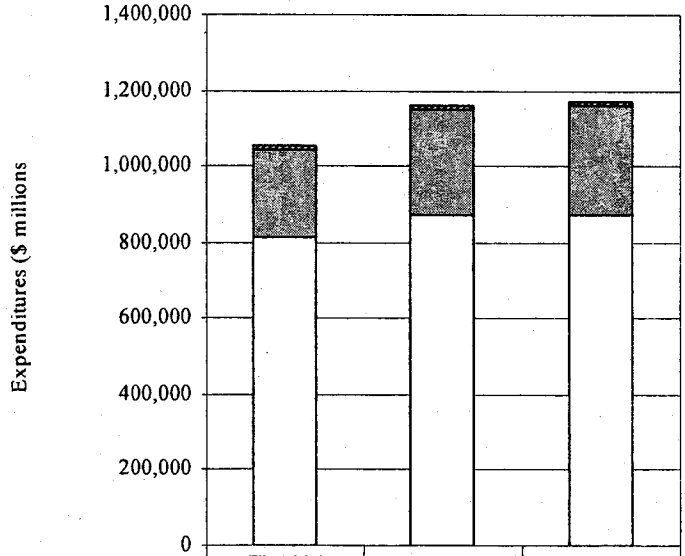
Legislative Audit – 2005 Biennium

There were no audit recommendations resulting from the legislative and federal audit of the 2005 biennium for this program.

2009 BIENNIUM BUDGET

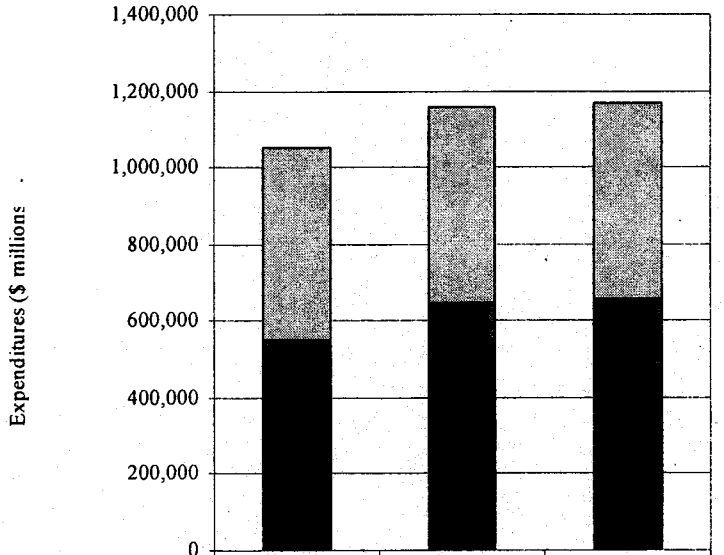
The following figures show the proposed HB 2 budget for the 2009 biennium.

DPHHS - AMDD - Division Administration
2009 Biennium HB 2 Budget
First Level Expenditures



	FY 2006	FY 2008	FY 2009
Debt Service	7,550	7,550	7,550
Operating Expenses	227,069	281,530	287,586
Personal Services	817,025	870,636	874,560

DPHHS - AMDD - Division Administration
2009 Biennium HB 2 Budget
Funding



	FY 2006	FY 2008	FY 2009
Federal Special	500,764	512,013	514,470
State/Other Special	88,702	169,817	170,487
General Fund	462,178	477,886	484,739

Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Measurable Objectives for the 2009 Biennium		
Goal	Measurable Objectives	Current Status of Measures
Joint planning and evaluation of services for mentally ill offenders occurs between Departments of Corrections and Health and Human Services	By 2008, create a final draft of a joint strategic plan for the delivery of services; identify administrative barriers that may prevent development of a shared budget; create a shared budget for collaborative diversion and or reentry projects or pilot programs; identify other funding sources.	FY2007 - plan in draft stage, being reviewed
Communication between the two departments is clear, consistent and reaches to all levels of staff and programs	By 2008, there will be routine and consistent reporting between the Corrections Advisory Council and the Mental Health Oversight and Advisory Council; al continuing education and training on behavioral health issues will be cross promoted and attended by staff from both departments; process and outcome data points have been jointly defined, collected and analyzed to evaluate service impacts	
To create consistent evidence based treatment methods across systems	By 2009, align treatment methods utilized by clinicians, when appropriate, between DOC and DPHHS	

BUDGET AND POLICY ISSUES

The following budget or policy issues are included in the Governor's Budget:

PL 33101 – Operations Present Law Adjustments
NP 33104 – Behavioral Health Program Facilitator

SIGNIFICANT ISSUES EXPANDED

In 2006 the Departments of Corrections and Health and Human Services jointly hired the state's first Behavioral Health Program Facilitator to act as a liaison between these two culturally diverse departments. This position has been created to assist the movement of offenders through the criminal justice, mental health and substance abuse treatment systems; facilitate communication between the DOC and DPHHS, and to ensure the lasting, systemic change policymakers will need to improve upon initial cooperative efforts, begin to collaborate and, ultimately, enter into partnerships. To date the departments have completed the following major activities:

- Hired a joint FTE
- Held more than 15 joint meetings
- Created a joint program at Montana Chemical Dependency Center to address the substance abuse treatment needs of offenders, including a signed Memorandum of Understanding
- Developed a program overview for the Secure Treatment and Examination Program (STEP), including a signed Memorandum of Understanding
- Begun planning for a specialized training curriculum for Probation and Parole Officers
- Begun formal communications between the two Department's advisory councils.